



Application Period

Dear Interested Applicant:

Thank you for your interest in partnering with us on our A Brush With Kindness/Roof Repair program. Making these home improvements affordable is only possible due to financial and volunteer support from friends and neighbors in the community. This year, we plan to select three families, with whom we will work to improve the exterior of the home and/or yard in order to preserve and maintain the property.

Attached is an application for the program, including a copy of our selection criteria. Please read the criteria and application carefully. If you feel you might qualify and are willing to make the commitment, then carefully and completely fill out the application. If you have any questions, please call us at 308-385-5510.

Applications and accompanying documents (outlined on page 4, section 8) must be returned to the Habitat for Humanity office (410 W. 2nd St. in Grand Island)

Sincerely,

A Brush With Kindness Committee

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

410 W. 2nd St., Suite 6
P.O. Box 1001
Grand Island, NE 68802
Phone: 308.385.5510
Fax: 308.385-5511
www.gihabitat.org

3. WILLINGNESS TO PARTNER

To be considered for Habitat's A Brush with Kindness program, you and your immediate family must be willing to complete a minimum of 10 hours of "sweat equity". The total number of hours will depend upon the cost of the improvements to your home. If selected, your help working on your home and other projects is called "sweat equity," which could include helping on the construction site, working in the Habitat office, or other approved activities. Children under 14 are not allowed on construction sites. Other rules do apply. Selected applicants will be informed of sweat equity rules and must sign a formal sweat equity agreement.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS:
 Applicant: Yes No
 Co-Applicant: Yes No

4. CURRENT HOUSING CONDITIONS

Do you currently live in a: trailer house other _____

Number of stories _____

Siding (wood, brick, vinyl, etc.) _____

Trim (wood, metal, vinyl) _____

Parts of the home that need painting: Siding Trim (around doors, windows, etc.) Other _____

Repairs needed on exterior:

If you are approved for the ABWK program, how should your name(s) appear on the legal documents?

5. PROPERTY INFORMATION

What is your monthly mortgage payment? \$ _____ (please include escrow) Unpaid Balance \$ _____

Do you own other property? Yes No (If yes, please give location) _____

Do you have homeowner's insurance? Yes No Agent _____

Are the property taxes current on property? Yes No Annual amount due _____ Year Purchased _____

Has the property been listed for sale in the last 6 months? Yes No

6. EMPLOYMENT INFORMATION

Applicant		Co-Applicant	
Name and Address of Current Employer	Years on this job	Name and Address of Current Employer	Years on this job
	Monthly Wages \$		Monthly Wages \$
What is your job?	Business Phone	What is your job?	Business Phone

If working at current job less than one year, complete the following information

Name and Address of Last Employer	Years on this job	Name and Address of Last Employer	Years on this job
	Monthly Wages \$		Monthly Wages \$
What was your job?	Business Phone	What was your job?	Business Phone

7. MONTHLY INCOME AND COMBINED MONTHLY BILLS

Monthly Income	Applicant	Co-Applicant	Others in Household (over 18 years old)	Monthly Bills	Monthly Amount
Gross-Employment Income	\$ _____	\$ _____	\$ _____	House payment	\$ _____
AFDC/TANF	\$ _____	\$ _____	\$ _____	Utilities	\$ _____
Food Stamps	\$ _____	\$ _____	\$ _____	Car Payments	\$ _____
Social Security	\$ _____	\$ _____	\$ _____	Insurance	\$ _____
Disability	\$ _____	\$ _____	\$ _____	Child Care	\$ _____
SSI	\$ _____	\$ _____	\$ _____	School Lunch	\$ _____
Alimony	\$ _____	\$ _____	\$ _____	Credit Cards	\$ _____
Child Support	\$ _____	\$ _____	\$ _____	Loans	\$ _____
Total	\$ _____	\$ _____	\$ _____	Alimony Child Support	\$ _____
List any other income such as tips, seasonal, part-time, etc. for the year.	\$ _____ year	\$ _____ year	\$ _____ year	Work Expenses Dues/Supplies	\$ _____
				TV/Phone(s)	\$ _____
				Total	\$ _____

8. SUPPORTING DOCUMENTS

IN ORDER TO VERIFY INCOME AND EXPENSES, COPIES OF THE FOLLOWING DOCUMENTS MUST BE INCLUDED WITH YOUR APPLICATION:

- 1) Pay stubs for the last full month, social security benefits or child support documents, etc.
- 2) Most recent income tax return.
- 3) One month bank statements (checking, savings)
- 4) Bills for most recent utilities (gas/electric), phone (cell/landline) and TV (cable, dish, etc.)
- 5) Copy of declaration page of homeowners insurance
- 6) Receipt or other proof of paid property taxes on subject property

9. ASSETS

Applicant		Co-Applicant	
Name of Bank, Savings or Credit Union:		Name of Bank, Savings or Credit Union:	
Account # _____ Balance \$ _____		Account # _____ Balance \$ _____	
Name of Bank, Savings or Credit Union:		Name of Bank, Savings or Credit Union:	
Account # _____ Balance \$ _____		Account # _____ Balance \$ _____	
Do you own (or are you paying for) a car: _____ Yes No year and make _____ <input type="checkbox"/> <input type="checkbox"/>		Do you own (or are you paying for) a car: _____ Yes No year and make _____ <input type="checkbox"/> <input type="checkbox"/>	

10. DEBT

Applicant		Co-Applicant	
Name and Address of Company:	Monthly Payment \$ _____	Name and Address of Company:	Monthly Payment \$ _____
	Unpaid Balance \$ _____		Unpaid Balance \$ _____
Name and Address of Company:	Monthly Payment \$ _____	Name and Address of Company:	Monthly Payment \$ _____
	Unpaid Balance \$ _____		Unpaid Balance \$ _____

ATTACH INFORMATION ON ANY OTHER DEBT

11. DECLARATIONS

Answering "yes" to these questions does not automatically disqualify you. If you feel the need to explain any of your answers, please use the space below or a separate sheet of paper.

	Applicant		Co-Applicant	
	Yes	No	Yes	No
Do you have any debt because of a court decision against you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been declared bankrupt within the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had property foreclosed on in the last 7 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently involved in a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you required to pay alimony or child support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you a US Citizen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not, are you a Permanent Resident Alien?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE NOTE: Please use this space to explain anything about your unique situation or to provide additional information. If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for Applicant or "C" for Co-Applicant.

12. CONTACT AND PERSONAL REFERENCES - MUST COMPLETE

Contact Person: Nearest Living Relative (someone to call if we can't reach you)

Name _____ Relation: _____

Address _____

City _____ State _____ Zip _____ Phone _____

13. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the A Brush with Kindness program, my ability to repay the no-interest loan and other expenses of homeownership and my willingness to be a partner family.

Each of the undersigned specifically represents to Habitat and its agents and assigns, acknowledges and agrees that: the information in this application is true, correct and complete as of the date set forth opposite my signature, and that intentional or negligent misrepresentation of the information contained in this application may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Sec. 1001, et seq.; (2) the loan requested pursuant to this application (the "Loan") may be secured by a mortgage or deed of trust on the property described in this application; (3) the property will not be used for any illegal or prohibited purpose or use; (4) all statements made in this application are made for the purpose of obtaining a loan by the family applying; (5) the property is occupied by person(s) as indicated on this application; (6) the Lender, its services, successors or assigns may retain the original and/or an electronic record of this application, whether or not the Loan is approved; (7) the Lender and its agents and assigns may continuously rely on the information contained in the application, and I am obligated to amend and/or supplement the information provided in this application if any of the material facts that I have represented herein should change prior to closing the Loan; (8) in the event that my payments on the Loan become delinquent, the Lender, its servicers, successors or assigns may, in addition to any other right and remedies that it may have relating to such delinquency, report my name and account information to one or more consumer reporting agencies; (9) ownership of the Loan and/or administration of the Loan account may be transferred with such notice as may be required by law; (10) neither Lender nor its agents or assigns has made any representation or warranty, express or implied, to me regarding the property or the condition or value of the property and (11) my transmission of this application as an "electronic record" containing my "electronic signature", as those terms are defined in applicable federal and/or state laws (excluding audio and video recordings), or my facsimile transmission of this application containing a facsimile of my signature, shall be as effective, enforceable and valid as if a paper version of this application were delivered containing my original written signature.

DECLARATION:

I declare that I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied. If I have already been selected to receive A Brush with Kindness services, and it is determined that I have not been truthful on the application, I may be disqualified from the program.

INQUIRIES AND EVALUATION:

I understand that the evaluation may include personal visits, a home visit, a credit check, and employment / income verification. I understand that Grand Island Area Habitat for Humanity may use this authorization and information obtained with it to qualify applicants for participation in their A Brush with Kindness program. I authorize the release of any information including documentation and other materials pertinent for eligibility for participation in the A Brush with Kindness program of the Grand Island Area Habitat for Humanity. Inquiries may be made concerning but are not limited to:

- child care expenses
- credit history
- employment, income, pensions and assets
- criminal activity
- federal, state, tribal, local and insurance benefits
- social security numbers
- medical expenses
- handicapped assistance income/expenses

RELEASE AND CONSENT:

I understand that the original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I understand that any individual or organization, including any governmental organization may be asked to release information.

I agree that Grand Island Area Habitat for Humanity may conduct computer matching programs with any other individual or organization. This match will be used to verify information supplied by the applicant and co-applicant.

I agree that photocopies of this authorization may be used for the purposes stated above.

CONDITIONS:

I understand that if I do not sign this authorization, the application will be terminated.

Printed Name of Applicant

Printed Name of Co-Applicant

Signature

Signature

Social security number Date

Social security number Date

Preparer, if other than applicant or co-applicant: _____

By executing this Agreement, the following representations have been made and such representations are incorporated as essential elements of the contract evidenced hereby: (1) the party signing this Agreement is nineteen (19) years of age or older; (2) the party signing this Agreement is not legally incompetent to enter into a contract; (3) the party signing this Agreement is not under the influence of drugs or alcohol; (4) if the party signing this agreement is acting as an agent or officer of another, the party has been duly authorized to sign this Agreement on behalf of the principal and will provide documentary evidence of such authority; (5) if the party signing this Agreement is acting as an agent or officer of another, the principal on whose behalf this Agreement is being executed is legally competent to enter into a binding contract.

Grand Island Area Habitat for Humanity Selection Criteria

1) Need for services offered by A Brush with Kindness/Roof Repair

- Services may include but not limited to roof repairs, window caulking/glazing, landscape cleanup, and sidewalk repair
- Homeowner is unable to maintain the exterior of their home due to age, disability, or other circumstance.
- The condition of the home must be such that the services offered through ABWK are of value and not a cosmetic fix for underlying problems.
- Minimum of one year of residency in the home, must be within Grand Island Area Habitat for Humanity service area (*Hall, Howard, Hamilton and Merrick Counties*)
- House must not have been listed for sale in the previous six months

2) Ability to Pay for a Habitat Home –

- Must demonstrate the ability to make monthly loan payments based on the cost of repairs along with the current debt
- Maximum of 30% of monthly income may go into housing
- Satisfactory credit history and references
- *Property taxes and homeowner's insurance must be paid current on the property*
- Family gross income meets federal requirements for low-income households not exceeding 80% of area median income
- Stable, legal income

3) Willingness to Partner with Habitat

An approved applicant must be willing to partner with Habitat through the:

- Completion of sweat equity to be determined with each application (On the family's home and other projects.) All hours must be completed between selection and project completion.

The following may make an applicant ineligible for the ABWK/Roof Repair program:

Lo siguiente puede hacer al aspirante no elegible para una casa de Habitat:

- Overly high debt to income ratio
- Home in need of repairs that are not offered by Habitat
- Gross household income too high or too low
- Poor credit history

Grand Island Area Habitat for Humanity does not discriminate on the basis of race, sex, color, age, handicap, religion, marital status, sexual orientation or because all or part of the applicant's income is derived from public assistance.