

Application

Habitat for Humanity of Franklin County
PO Box 291, Ottawa, KS 66067
<http://habitatfranklincounty.org>
hfhofc@sbcglobal.net 785-242-2600

Applications are accepted on a rolling basis year-around. If your application is accepted, Habitat for Humanity of Franklin County cannot provide a firm deadline as to when repair work will begin or end. Many factors, including weather conditions, ongoing or previously accepted ABWK projects, and availability of volunteers to complete the work, will influence the length of time it takes to complete a given ABWK project.

SECTION 1—Homeowner Information

Homeowner Applicant Name: _____

Date of Birth: _____

Address: _____

City: _____ Zip: _____

of years you've owned this home: _____

Homeowner Co- Applicant Name: _____

Date of Birth: _____

Address: _____

City: _____ Zip: _____

Email address: _____

Telephone:

Home _____

Cell _____

Work: _____

Email address: _____

Telephone:

Home _____

Cell _____

Work: _____

List the names, ages, and relationship to homeowner(s) of all people living in the home (attach a list if more space is needed)

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

Name: _____ Relationship: _____ Age: _____

SECTION 2—ABWK Publicity

Where did you learn about **A Brush with Kindness**? (Please circle all that apply)

TV Radio Newspaper Friend Email announcement Facebook World Wide Web/Internet

Contacted by an ABWK representative Other (please describe): _____

SECTION 3—Application History

Have you applied to **ABWK** in the past? Yes _____ No _____ If yes, when? _____

Has Habitat/ABWK done work on your home in the past? Yes ___ No ___ If yes, when? _____

SECTION 4—Employment Information

Complete the following for each member of the household who is 18 years of age or older. Provide details of all employment in the last 36 months. Attach additional pages (or write on the back of this form) as needed.

Name: _____	Name: _____
Employer: _____	Employer: _____
City/State: _____	City/State: _____
Phone Number: _____	Phone Number: _____
Supervisor: _____	Supervisor: _____
Month/Year Hired: _____	Month/Year Hired: _____
Date You Left this Company: _____	Date You Left this Company: _____
Reason for Leaving: _____	Reason for Leaving: _____

SECTION 5—Character References

Please list three individuals we may contact who have known you at least three years and are not related to you and who would be willing to serve as a character reference for you.

Name:		Relationship:	
Phone/E-mail:			
Name:		Relationship:	
Phone/E-mail:			
Name:		Relationship:	
Phone/E-mail:			

SECTION 6—Special Needs

Is the homeowner or anyone in the home disabled? Yes ___ No ___ If yes, indicate the type of disability or disabilities below. (Mark all that apply to any member of the household):

Uses a Walker, Cane, or Crutches _____ Wheelchair bound _____

Visually Impaired ___ Hearing Impaired _____ Loss of Limb _____ Mentally Handicapped _____

Other (please provide details): _____

Is a translator needed? Yes _____ No _____ If yes, indicate language: _____

SECTION 7—Household Income and Mortgage Information

The total, combined income before taxes for ALL persons living in the home is \$ _____ per year

Are you currently making loan payments on your home? Yes ___ No ___

If yes, how much is your monthly payment? \$_____/month

If no, are you behind on your payments? Yes___ No___ If you are behind, how much do you owe?_____

After paying your monthly expenses (gas, electric, insurance, food, phone, medical, etc.), approximately how much money would you have available to repay a loan for house repairs? \$_____/month

You must provide verification of all HOUSEHOLD income for each person over 18 yrs in the house. See SECTION 12 below for details.

SECTION 8—House Information

HOUSE INFORMATION	HOUSE EXTERIOR (Please Circle)	GARAGE EXTERIOR (Please Circle)
Year Built: _____	Siding Trim	Siding Trim
Year Purchased: _____	Wood Wood	Wood Wood
Last Painted: _____	Brick Vinyl	Brick Vinyl
Square Feet: _____	Shakes Metal	Shakes Metal
Number of Stories: _____	Stucco	Stucco
	Painted Stucco	Painted Stucco
	Asbestos/slate	Asbestos/slate
	Aluminum	Aluminum
	Vinyl	Vinyl

SECTION 9—Requested Repairs

Briefly describe the type of work you believe needs to be done on your home. Attach a separate sheet of paper if there is not enough space to list all repairs. Remember that the items listed below will be considered for repair, but the final decision on what work can be done with our time and financial resources will be made at the discretion of the **A Brush with Kindness** leadership. The work done by **A Brush with Kindness** will focus on warmth, safety, energy efficiency and independence. Our volunteers may not be able to make all repairs you believe are needed.

Area of Repair	Description of Need – Be as specific as possible
Accessibility Modifications (Exterior only)	
Electrical Repairs (Exterior only)	
Roofing Repairs	
Painting (Exterior only) (Give details as to exact areas that need paint)	
Doors and Windows (Exterior only)	
Landscaping	

Other _____

SECTION 10—Personal Statement

Please provide a *brief* explanation of why you feel you should be selected for the A Brush With Kindness Program and how it will help you (and your family).

SECTION 11—Homeowner Agreement

I/We certify that the information in this application is accurate and that I own the property at the address given on this application. _____ (initials)

I/We certify that I have no present intention to move or offer my home for sale for at least three years. I confirm that any physically able persons residing in my home or visiting on any Habitat-sponsored project day will work alongside the ABWK (A Brush with Kindness) volunteers. _____ (initials)

I/We confirm that, except for the conditions listed below, my home and my property is a safe place for volunteers to conduct routine repair and maintenance work: _____ (initials)

List conditions here:

- 1)
- 2)
- 3)

I/We certify that, to the extent permitted by law and without affecting the coverage provided by the required homeowners insurance, I/we waive any right I/we may have to recover against Habitat for Humanity of Franklin County, Inc. and its programs for (1) damages for injury or death to persons or (2) damages to property for claims arising from such damages. This waiver is intended to waive fully, for the benefit of Habitat for Humanity of Franklin County, Inc., any rights and/or claims, which might rise to a right of subrogation. _____ (initials)

I/We understand that the people who may work on my house are unpaid volunteers; that few, if any of

them, are skilled in the building trades; and that **A Brush with Kindness** MAKES NO WARRANTIES, EXPRESS OR IMPLIED, REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE. I hereby release ABWK, Habitat for Humanity of Franklin County, Inc. and all associated with it from any and all liability whatsoever. _____ (initials)

I/We understand that, in the event I/we are selected for the ABWK program, the exterior of our home as well as our family and the volunteers who work on our home will be photographed for publicity and documentation purposes. _____ (initials)

I further understand that there is a \$25.00 acceptance fee due at the time I/we sign the letter of acceptance that begins our partnering relationship with Habitat for Humanity of Franklin County's A Brush With Kindness Program. _____ (initials)

Applicant Name (Print): _____	Co-Applicant Name (Print): _____
Signature: _____	Signature: _____
Date: _____	Date: _____

Complete the following if you are not the homeowner, but are assisting the homeowner(s) in completing this application.

Name: _____	Telephone: _____	Is the homeowner aware of this application? Yes _____ No _____
-------------	------------------	---

SECTION 12—Required Documentation

The following documents are required before your application can be fully processed and must be sent to the address provided in Section 13 below.

<p>Home Ownership Verification</p> <ol style="list-style-type: none"> Copy of Deed to home or proof of ownership Verification of Current Homeowners Insurance (available from the Mortgage holder/bank) Verification of Paid Property Tax (available from the Mortgage holder/bank or county clerk) <p>Credit Verification</p> <ol style="list-style-type: none"> Copy of Credit Report 	<p>Identity Verification</p> <ol style="list-style-type: none"> Copy of Social Security Card for each applicant Copy of Driver's License for each applicant <p>Income Verification</p> <ol style="list-style-type: none"> Copies of 2 recent bank statements Copy of Income Tax Return for last year Copies of last 2 paycheck stubs Proof of child support, public assistance (e.g. – SSI, AFDC, Social Security, food stamps, etc.), if applicable
---	--

SECTION 13—Submitting your application

In order to be considered for the ABWK program, please submit this completed application and the documents listed in Section 12 to:

Habitat for Humanity of Franklin County
PO Box 291
Ottawa, KS 66067

For more information:
<http://habitatfranklincounty.org>
hfhofc@sbcglobal.net 785-242-2600

The work done by A Brush with Kindness focuses on safety, preservation of the home (e.g., paint, guttering, water runoff management, energy efficiency and independence. Our volunteers may not be able to make all repairs you desire.

OFFICE USE: Date Received: _____ Homeowner contacted on (date): _____ by: _____

Required Documentation

DO NOT SEND IN THIS PAGE. This list is for your reference. Please detach it and keep it so that you can assemble and send us the required supporting documentation to go with your ABWK application.

SECTION 12—Required Documentation

The following documents are required before your application can be fully processed and must be sent to the address provided in Section 13 below.

Home Ownership Verification

1. Copy of Deed to home or proof of ownership
2. Verification of Current Homeowners Insurance (available from the Mortgage holder/bank)
3. Verification of Paid Property Tax (available from the Mortgage holder/bank or county clerk)

Identity Verification

1. Copy of Social Security Card for each applicant
2. Copy of Driver's License for each applicant

Credit Verification

1. Copy of Credit Report

Income Verification

1. Copies of 2 recent bank statements
2. Copy of Income Tax Return for last year
3. Copies of last 2 paycheck stubs
4. Proof of child support, public assistance (e.g. – SSI, AFDC, Social Security, food stamps, etc.), if applicable

Mail documents to:
Habitat for Humanity of Franklin County
PO Box 291
Ottawa, KS 66067

For more information:
<http://habitatfranklincounty.org>
hfhofc@sbcglobal.net
785-242-2600

*The work done by **A Brush with Kindness** focuses on safety, preservation of the home (e.g., paint, guttering, water runoff management, energy efficiency and independence). Our volunteers may not be able to make all repairs you desire.*