



A Brush With Kindness

Information Sheet

About the Program

A Brush With Kindness is a Habitat for Humanity Neighborhood Revitalization, Critical Home Repair, and Weatherization initiative. This program is designed to support families in their current home to provide a decent, safe and affordable housing by allowing families to remain in their present home. Families that qualify will be asked to pay a portion of their repair costs using a sliding scale payment plan based on their ability to pay.

If you answer yes to all of the following questions you *MAY* qualify for A Brush With Kindness.

Yes No

- Are you the homeowner of the property/mobile home in need of repairs?
- Do you currently live in the home in need of repairs?
- Are you current on your mortgage and or lot rent?
- Are you current on your homeowner's insurance premiums?
- Are you current on your property taxes?
- Does your total household yearly income fall under the below limits according to family size listed in the chart below?

Family of 1	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6
\$52,160	\$59,600	\$67,040	\$74,480	\$80,480	\$86,400

Willingness to Partner/Sweat Equity

If selected for A Brush With Kindness project, each able-bodied adult (18 or older) in the household must perform sweat equity hours. The sweat equity requirement is 5 hours per \$1,000 of the total cost of the project. Participation during the work on your home is required if applicable. If additional hours are needed or adult is not able to work on the worksite, hours can be obtained at our friendly ReStore to preform various tasks and projects catered to each individuals capabilities.

A scope of work will be performed and the homeowner's repayment responsibilities will be determined before work is started

Most of the work done Habitat for Humanity will be done by volunteers and not by a traditional contractor. Time and availability issues of the volunteers may affect the repair schedule.

7198 Grand River Road, Brighton, MI 48114
Phone: 810-220-9986 | Fax: 810-360-0764

Email: LCHFED@livingstonhabitat.org | Website: LivingstonHabitat.org



Please fill out the following application if you think you qualify for the ABWK program. Then mail or drop off the application to:

Livingston County Habitat for Humanity
Attn: Rob Johnson
7198 Grand River Road
Brighton, MI 48114

The Application process for A Brush With Kindness is a multi-step process. Once the application is approved, it can take up to eight months before the home repair project is completed. The amount of time required to complete the home repair project depends upon the nature of the work, weather, the number of other families who have already been approved for the program, and other related factors.

The three major criteria for selection in the Habitat A Brush With Kindness home repair program are:

- Need
- Willingness and ability to accept financial responsibility
- Willingness to partner with Livingston County Habitat for Humanity

If you have any questions or need help filling out the application please contact:

Rob Johnson
Executive Director
Livingston County Habitat for Humanity
lchfhed@livingstonhabitat.org
810-220-9986 Ext 111

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A Brush With Kindness Application

SECTION 1 - Homeowner Information

Legal Name of Homeowner: _____		Date of Birth: _____
Home Address: _____	City: _____	Zip _____
Email: _____	County: _____	
Telephone Numbers: _____ Please include Area Code	Home: _____ Work: _____ Cell: _____	Number of Years at Address: _____

List the names, ages, and relationship to homeowner of all people living in the home

Name/relationship: _____	Age: _____
Name/relationship: _____	Age: _____
Name/relationship: _____	Age: _____
Name/relationship: _____	Age: _____
Name/relationship: _____	Age: _____
Name/relationship: _____	Age: _____

Is anyone in your household actively serving in any branch of the Armed Forces: _____

Has anyone in your household ever served in any brand of the Armed Forces: _____

If yes, please provide the name of the individual: _____

SECTION 2 - Special Needs

Is the homeowner or anyone in the home disabled? _____

If you please indicate the type of disability below (check all that apply, please describe if "Other")

_____ Uses a walker, cane or crutches	_____ Wheelchair bound
_____ Blind	_____ Hearing impaired
_____ Other: _____	_____ Mentally disabled



SECTION 3 - House Hold Income and Mortgage Information

The *total*, combined income *before taxes* for ALL persons living in the home is

\$ _____ per **month**.

You must attach verification of all HOUSEHOLD income for each adult in the house, unless a full time student (provide proof of registration) and/or benefits for children.

(For instance, the most recent income tax return, monthly social security statements, other retirement income statements, employment check stub and please note on attached statements if it represents annual, monthly, twice-monthly, bi-weekly or weekly income).

What are your payments for each of the following expenses?

Mortgage		Car		Medical		Phone	
Electric		Utilities		Cable/ Internet		Groceries	
Credit Debt		Other		Please specify other:			

SECTION 4- Sharing Your Personal Information?

If your application is a more appropriate fit with other, similar programs may we share it with them?

_____ Yes _____ No

Unless you give us permission to share your information with other organizations, your application will be kept confidential. If you check yes, you give A Brush With Kindness your consent to share the information you provided on this application with similar organizations, if A Brush With Kindness is not able to assist you.



SECTION 5- Homeowner's Agreement

I certify that the information on this application is accurate and that I own the property at the address given on this application. **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 for the project day(s) will work alongside the **A Brush With Kindness (ABWK)** volunteers. I confirm that my home is a safe place for volunteers.

To the extent permitted by law and without affecting the coverage provided by the required homeowners insurance, I agree to sign the release and waiver of liability.

I understand that the people who may work on my house are unpaid volunteers; that few, if any of them, are trained in the building trades; and that LCHFH makes no warranties, express or implied, regarding any materials used or work done by anyone at my house. I hereby release LCHFH and all associated with it from any and all liability.

_____	_____
Homeowner Signature	Date

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

Your Name:	Your Phone Number	Is homeowner aware of this App.?
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SECTION 6 - House Information

House Information

- One Story
 1.5 Story
 2 Story
 2.5 Story

Year Purchased: _____

Year Built _____

Last Painted: _____

Square Feet _____

<u>House Exterior</u>		<u>Garage Exterior</u>	
Siding	Trim	Siding	Trim
<input type="checkbox"/> Wood <input type="checkbox"/> Other: _____	<input type="checkbox"/> wood	<input type="checkbox"/> wood	<input type="checkbox"/> wood
<input type="checkbox"/> brick	<input type="checkbox"/> vinyl	<input type="checkbox"/> brick	<input type="checkbox"/> vinyl
<input type="checkbox"/> shakes	<input type="checkbox"/> metal	<input type="checkbox"/> shakes	<input type="checkbox"/> metal
<input type="checkbox"/> stucco		<input type="checkbox"/> stucco	
<input type="checkbox"/> painted stucco		<input type="checkbox"/> painted stucco	
<input type="checkbox"/> asbestos/slate		<input type="checkbox"/> asbestos/slate	
<input type="checkbox"/> aluminum		<input type="checkbox"/> aluminum	
<input type="checkbox"/> vinyl		<input type="checkbox"/> vinyl	



SECTION 7 - Requested Repairs

Briefly Describe the type of work you would like done on your home. Attach a separate piece 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 Livingston County Habitat.

The work done by ABWK will focus on warmth, safety and independence. **Our volunteers are not professionals and may not be able to make all repairs**

Please Print

Area of Repair (Kitchen, Bathroom, Garage, Etc.)	Description of Issue



SECTION 8 - Media and Publicity

Where did you learn about A Brush With Kindness?

- TV Radio Newspaper Flyer Friend Neighbor Neighborhood Org.
 Other: _____

If ABWK selects your house to be repaired, pictures of you and your home may be taken. Can we use these pictures in our testimonials and marketing materials? Yes No

Are you willing to be interviewed? Yes No

May we bring elected officials to your home? Yes No

SECTION 9 - Personal Statement

Please write a brief explanation of why you feel you should be selected, and how it will help you.

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SECTION 10 - Application History

Have you Applied to ABWK in the past? Yes No What year(s)_____

Has ABWK done work at your home in the past? Yes No What year_____

SECTION 11 - Checklist

- Did you complete all 11 sections of this Application?
- Did you sign and date the application? (Section 5 and 11)
- Do you currently have homeowner's Insurance? Yes No (Attach Proof of HOI)
- Do you own this home? Yes No
- Do you live in this home? Yes No
- Are you current on your homeowner's insurance? Yes No
- Are you current on your mortgage? Yes No (Attach Mortgage Statement)
- Are you current on your property taxes? Yes No
- Did you include the requested documentation**
 - Proof of Income
 - Mortgage statement if applicable
Homeowners Insurance statement if applicable
 - applicable

Signature of Homeowner

Date