



A BRUSH WITH KINDNESS GUIDELINES **(Habitat Program Reference ABWK)**

This program is offered by the *Neosho Area Habitat for Humanity* to help people who need light exterior repairs on their home, but are financially or physically unable to do it themselves.

Light exterior repairs include:

- Painting
- Landscaping
- Weatherization
- Yardwork
- And other minor exterior repairs (ABWK Committee will review for approval)

Who Qualifies for this assistance?

1. Applicant must own the house, property, and live in the home to be repaired.
2. Applicant's property must be within the market area for Neosho Area Habitat.
3. Applicant must meet the income guidelines of the program. (ABWK Committee will review income information provided.)
4. Applicant must fit within the target population that includes elderly, physically disabled, or otherwise physically or financially unable to work on the home alone.
5. Most of the work to be done must involve health and safety issues, and be within the scope of a one-day volunteer work effort. All work requested must be for the exterior of the home.

If you think you meet these guidelines, please request and complete an application for this program. You can download an application at our web site at neoshohabitat.org, listed under the "A BRUSH WITH KINDNESS" program. You may also make a request to get an application mailed to you from our Chairperson Jack Andris at 417-438-4414.



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing

opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

Applicant: Name _____
 Address _____

 Date of Birth ____/____/____
 Marital Status (circle one)
 single married separated widowed
 Phone Number
 (home) _____
 (cell) _____
 (email) _____
 Are you a U.S. citizen? ____/Legal resident? ____

Co-Applicant: Name _____
 Address _____

 Date of Birth ____/____/____
 Marital Status (circle one)
 single married separated widowed
 Phone Number
 (home) _____
 (cell) _____
 (email) _____
 Are you a U.S. citizen? ____/Legal resident? ____

All Members Living in Household (attach additional page if necessary)

Name	Date of Birth
_____	____/____/____
_____	____/____/____
_____	____/____/____
_____	____/____/____

Home Repairs Needed (attach additional page if necessary)

Household Income

*Your total, combined income, before taxes for all persons living in the home is: \$ _____ per year.

- Please Attach:
- Proof of income for EVERYONE in the household.
 - Copies of 2 months of bank statements.
 - Benefits for children (if applicable)

The information provided on this form is used to determine income eligibility. I/we certify that the information presented in this application is true and accurate to the best of my/our knowledge and belief. I/we further understand that providing false representations herein constitutes an act of fraud. I/we agree to provide, upon request at any time, documentation of all income and asset sources for verification.

Applicant Employment Information

Retired? Yes No
Employer's Name _____
Employer's Address _____

Employer's Phone _____
Type of Business _____
Years at this Job _____

Co-Applicant Employment Information

Retired? Yes No
Employer's Name _____
Employer's Address _____

Employer's Phone _____
Type of Business _____
Years at this Job _____

Do you have proof of **home ownership**? _____ Are you still making **mortgage payments** on your home? _____
If **yes**, what is your **monthly payment**? _____ Are these payments **current**? _____
Do you have proof of **homeowner's insurance**? _____ How long have you **lived** in the home? _____

Please write a brief explanation of why you feel you should be selected to participate in this program and how it will help your family.

Have you applied to other agencies for help? _____ If so, whom?

If your application is a more appropriate fit with other programs may we share it with them? **YES** **NO**

I understand that by filing this application, I am authorizing **Neosho Area Habitat for Humanity** to evaluate my need for an **A Brush With Kindness** home repair. I understand that all requests must be evaluated and be within our program's ability to complete. I also understand that if repairs are beyond our means, that the program may be able to assist with modifications through a pay back, no-interest loan. I understand that the evaluation will include personal visits and employment verification. I have answered all application questions truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, and that even if I have already been selected to receive a Habitat home repair, I may be disqualified from the program. I also understand that Habitat for Humanity screens all potential applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed to a criminal background check.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

FOR OFFICE USE ONLY- DO NOT WRITE IN THIS SPACE

Date Application Received ____/____/____ Accepted Denied
Date of Home Visit ____/____/____