

# A Brush with Kindness Application

Please complete and return to:  
Barrow County Habitat for Humanity  
P O Box 110  
Winder, GA 30680

Applicant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_  Cell  Home

INCOME INFORMATION: Source of income for ALL individuals who live in the home (include all that apply):

\_\_\_\_\_ Wages

\_\_\_\_\_ Farm Operation Income

\_\_\_\_\_ Self-Employment

\_\_\_\_\_ Social Security or Railroad Retirement

\_\_\_\_\_ Unemployment Benefits

\_\_\_\_\_ Supplemental Security Income – Disability

\_\_\_\_\_ Pension, VA Benefits, Insurance Benefits

\_\_\_\_\_ TANF

\_\_\_\_\_ Other Public Assistance

\_\_\_\_\_ Alimony, Child Support

\_\_\_\_\_ Other (please list: \_\_\_\_\_)

\$ \_\_\_\_\_ TOTAL Annual Income of Entire Household (add amounts from list above)

**Please attach verification of income listed.** (Ex. SSI/SSA statement). Is income verification attached?  Yes  No

DWELLING INFORMATION:

House Type:

- Wood frame
- Masonry (brick, stone)
- Mobile home/Trailer
  
- Single-family dwelling
- Multi-family dwelling

House Heat Source:

- LP or bottled gas
- Electricity
- Fuel, oil, kerosene
- Wood
- Other: \_\_\_\_\_

House Roof Type:

- Asphalt shingle
- Tin
- Wood
- Other: \_\_\_\_\_

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House Age: \_\_\_\_\_ years

Estimated Date of Construction: \_\_\_\_\_

Do you own the land on which the dwelling exists?  Yes  No

How many years have you occupied the dwelling? \_\_\_\_\_

How long do you intend to reside in the dwelling? \_\_\_\_\_

**Please attach a copy of your recent utility bill.** (Ex: electric, gas, water): Is a copy attached?  Yes  No

## AUTHORIZATION:

I, \_\_\_\_\_, certify that I am the owner of the dwelling unit located at \_\_\_\_\_.

If eligible to participate in A Brush with Kindness, I do hereby authorize Barrow County Habitat for Humanity to make the agreed upon repairs and release Barrow County Habitat for Humanity from all liability whatsoever in the performance of this authorization as long as the work has been completed in a workmanlike manner.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

Having read all the provision of A Brush with Kindness, I certify that all information submitted on this application is accurate and true. In the event that the information is incorrect and the application is not eligible for the program and receives funding, the applicant agrees to reimburse the assistance amount to the grantee. Payment shall include the amount of assistance provided by Barrow County Habitat for Humanity and the grantor plus interest thereon (without compounding). The interest rate shall be that as determined by Barrow County Habitat for Humanity and the grantor at the time of the infraction, taking into account the average yield on outstanding marketable long-term obligations of the United State during the month proceeding the date on which the assistance was initially made available.

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

## HOUSEHOLD INFORMATION (optional)

The information solicited on this application is requested by the granted in order to ensure that federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, or handicap are being complied with. You are not required to provide this information but are encouraged to do so. This information will not be used in evaluating your application in any way. However, if you choose not to provide this information, the grantee is required to note the race/national origin and sex of the individual applicant on the basis of visual observation or surname.

### Your Race/Ethnic Group:

- White (not of Hispanic Origin)
- Black (not of Hispanic Origin)
- Native American
- Hispanic
- Asian or Pacific Islander
- Other \_\_\_\_\_

Number of household members 60 years or older: \_\_\_\_\_

Number of handicapped individuals: \_\_\_\_\_

Do you have family in the area?  Yes  No

If yes, please list names and phone # of immediate family members, (at least 2):

Total Number of Individuals in the household: \_\_\_\_\_ Number of Household members 18 years or younger: \_\_\_\_\_

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## HOME REPAIR NEEDS

Please describe the repair(s) you are requesting. If you need additional space to describe the repair(s), please attach a separate piece of paper to your application. Please remember that the items listed below will be considered for repair, but the final decision on all repairs will be made at the discretion of the Brush with Kindness committee.

PLEASE WRITE CLEARLY

Roof: (Ex: leaking)

General Safety: (Ex: holes in structure, missing railings, or other hazards)

Doors/Windows: (Describe repairs required, including locks, glass, frames, weather stripping, etc.)

Bathroom: (Ex: Describe repairs required, including leaks, etc.)

## OTHER CHALLENGES

Do you or anyone in the home have special time limitations that would prevent you from making the repairs on your own?

Yes  No

Comments:

Do you or anyone in the home have special needs that would prevent you from making the repairs on your own?

Yes  No

Comments:

Do you or someone in your home use a walker, cane, or crutches?

Yes  No

Are you or someone in your home wheelchair bound?

Yes  No

Are you or someone in your home visually impaired?

Yes  No

Have you or someone in your home lost a limb?

Yes  No

Additional Comments: