



A Brush with Kindness Repair Program Application



Due before 4 PM on March 18, 2019
Via mail or dropped off at Habitats Headquarters

Mailing Address:
Habitat for Humanity
Attn: A Brush with Kindness
PO Box 19051
Jonesboro, AR 72403

Headquarters House:
520 West Monroe
Jonesboro, AR 72401
870-203-9898



P.O. Box 19051
 Jonesboro, Arkansas 72403
 (870) 203-9898 | info@JonesboroHabitat.com

GUIDELINES FOR ACCEPTANCE A BRUSH WITH KINDNESS REPAIR PROGRAM

Applying

1. You will be considered for Habitat for Humanity’s Brush with Kindness Repair Program if you own a home in Jonesboro, Arkansas that needs exterior repair. This program is only for *minor exterior repair* including exterior painting, landscaping, yard clean up, and when needed ADA assessable wheelchair ramp.
2. You must demonstrate that exterior repair work is needed on your home.
3. The home must be your primary residence and you must either own the home or be current on your mortgage payments.
4. You must prove that you have homeowner insurance and property taxes have been paid.
5. Applicants will be considered if your annual total income is less than 80% of the median income for Jonesboro, Arkansas.

Family Size	Yearly Income (FY18)
1	Less than \$31,500
2	Less than \$36,000
3	Less than \$40,500
4	Less than \$44,950
5	Less than \$48,550
6	Less than \$52,150
7	Less than \$55,750
8	Less than \$59,350

Ability to Pay

Habitat for Humanity is a “hand-up” opportunity; therefore, applicants must demonstrate the ability to pay for repairs if selected. This payment must be made prior to any work being completed on your home. The program cost will be determined by the selection committee and based upon your current financial position.

Willingness to Partner

1. When selected, you become a "partner family". As a partner family you will be responsible for completing eight (8) volunteer partnership hours (sweat equity), plus two (2) additional hours per household members 14 years or older. These volunteer partnership hours may be completed during the repairs of your home and by completing the required homeownership education courses. Only when approved by Habitat can family advocates complete the required hours on the applicants behalf.
2. You will be responsible for the maintenance and upkeep after repairs are complete.

Applicant _____ Date _____



What you must provide

Below is a list of documents that you must submit to Habitat for Humanity. We provide this checklist for you to be certain that all needed documents are included with the application.

Your application will be deemed incomplete and returned to you if these documents are not included.

____ Copies of most recent Bills (gas, electric, water, phone, cable, insurance, etc.)

____ Bank(s) names and balances

____ Copy of applicant and co-applicant ID (drivers license, passport or other)

____ Copy of Social Security cards or equivalent for applicant(s)

____ Copy of housing deed, title or mortgage documents (To prove ownership)

____ Copy of homeowner insurance

____ Copy of receipt that property taxes have been paid

Income – The following papers are to document all details of your income.

____ One month of applicant(s) most recent Pay Checks or Income Stubs

____ Signed copy of Last Year's Income Tax Return (If filed taxes)

____ Verification of Assistance (SSI, Disability, Food Stamps, WIC, other)



P.O. Box 19051
Jonesboro, Arkansas 72403
(870) 203-9898 | info@JonesboroHabitat.com

Applicant's CERTIFICATION AND AUTHORIZATION

APPLICANT'S CERTIFICATION

The Undersigned Certify the Following:

I/We have applied for Habitat for Humanity of Greater Jonesboro, Inc. A Brush with Kindness Repair Program. I/We certify that all of the information is true and complete. I/We made no misrepresentations in the application or other documents, nor did I/We omit any pertinent information.

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

I/We have applied for Habitat for Humanity of Greater Jonesboro, Inc. A Brush with Kindness Repair Program. As part of the application process, Habitat for Humanity of Greater Jonesboro, Inc. may verify information contained in my/our application and in other documents required.

I/We authorize you to provide to Habitat for Humanity of Greater Jonesboro, Inc. any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; bank, money market, investment and similar account balances; credit history; and copies of income tax returns.

Habitat for Humanity of Greater Jonesboro, Inc. may address this authorization to any party named in the application.

A copy or fax of this authorization may be accepted as an original.

Your prompt reply to Habitat for Humanity of Greater Jonesboro, Inc. is appreciated.

Applicant Signature / Print Name

Date

Co-applicant Signature / Print Name

Date



Habitat for Humanity of Greater Jonesboro
 PO Box 19051 Jonesboro, AR 72403
 (870) 203-9898 | info@JonesboroHabitat.com

Application

A Brush with Kindness Repair Program



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.

Dear Applicant: Please complete this application to determine if you qualify for the Habitat for Humanity repair program. Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential in accordance with the Gramm-Leach-Bliley Act.

1. APPLICANT INFORMATION

Applicant				Co-applicant			
Applicant's name				Co-applicant's name			
Social Security number	Home phone	Age		Social Security number	Home phone	Age	
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)				<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)			
Dependents and others who will live with you (not listed by co-applicant)				Dependents and others who will live with you (not listed by co-applicant)			
Name	Age	Male	Female	Name	Age	Male	Female
_____	___	<input type="checkbox"/>	<input type="checkbox"/>	_____	___	<input type="checkbox"/>	<input type="checkbox"/>
_____	___	<input type="checkbox"/>	<input type="checkbox"/>	_____	___	<input type="checkbox"/>	<input type="checkbox"/>
_____	___	<input type="checkbox"/>	<input type="checkbox"/>	_____	___	<input type="checkbox"/>	<input type="checkbox"/>
_____	___	<input type="checkbox"/>	<input type="checkbox"/>	_____	___	<input type="checkbox"/>	<input type="checkbox"/>
_____	___	<input type="checkbox"/>	<input type="checkbox"/>	_____	___	<input type="checkbox"/>	<input type="checkbox"/>
Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent				Address (street, city, state, ZIP code) <input type="checkbox"/> Own <input type="checkbox"/> Rent			
Number of years _____				Number of years _____			

2. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date received: _____ Date of selection committee approval: _____
 Date of notice of incomplete application letter: _____ Date of board approval: _____
 Date of adverse action letter: _____ Date of partnership agreement: _____

3. WILLINGNESS TO PARTNER

To be considered for Habitat's repair program, you and your family must be willing to complete a certain number of "sweat-equity" hours. Your help in repairing your home is called "sweat equity" and may include painting, helping with construction, attending homeownership classes or other approved activities.

		Yes	No
I AM WILLING TO COMPLETE THE REQUIRED SWEAT-EQUITY HOURS:	Applicant	<input type="checkbox"/>	<input type="checkbox"/>
	Co-applicant	<input type="checkbox"/>	<input type="checkbox"/>

4. HOUSING CONDITION

Number of bedrooms (please circle) **1** **2** **3** **4** **5**

House square footage _____ Type of siding (please circle) Wood Vinyl Metal Brick Other _____

Year Built _____ Lot Size _____ (acres)

Age of Roof _____

In the space below, describe the exterior condition of your home. Why do you need Habitat's Brush with kindness Repair Program?

Requested Repairs to be Completed (place an "X" next to items) ___ Exterior Painting ___ Exterior Clean Up
 ___ Landscaping ___ ADA Assessable Wheelchair Ramp

5. PROPERTY INFORMATION

What is your monthly mortgage payment? \$ _____ / month Unpaid balance \$ _____

Please supply a copy of your mortgage and a copy of your last mortgage payment. Place an "X" here if you own your house outright _____

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 (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	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 (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone

10. DEBT

Account	To whom do you and the co-applicant(s) owe money?					
	Applicant			Co-applicant		
	Monthly payment	Unpaid balance	Months left to pay	Monthly payment	Unpaid balance	Months left to pay
Other motor vehicle	\$	\$	\$	\$	\$	\$
Boat	\$	\$	\$	\$	\$	\$
Furniture, appliance, televisions (includes rent-to-own)	\$	\$	\$	\$	\$	\$
Alimony	\$	\$	\$	\$	\$	\$
Child support	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Credit card	\$	\$	\$	\$	\$	\$
Total medical	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Other	\$	\$	\$	\$	\$	\$
Total	\$	\$	\$	\$	\$	\$

Monthly expenses			
Account	Applicant	Co-applicant	Total
Home Mortgage	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Land line	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Total	\$	\$	\$

11. DECLARATIONS

Please circle the word that best answers the following questions for you and the co-applicant

	Applicant	Co-applicant
a. Do you have any outstanding judgments because of a court decision against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Have you had property foreclosed on in the past seven years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Are you paying alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "yes" to any question a through e, or "no" to question f, please explain on a separate piece of paper.

12. AUTHORIZATION AND RELEASE

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my actual need for the Habitat repair program, my ability to pay, and my willingness to be a partner through sweat equity. I understand that the evaluation will include personal visits, a credit check and employment verification. 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, and that even if I have already been selected for Habitat's repair program, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity even if the application is not approved.

I also understand that Habitat for Humanity screens all applicant families on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

Applicant signature

Date

Co-applicant signature

Date

X _____

X _____

PLEASE NOTE: 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.

Applicant's name _____

Co-applicant's name _____

13. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: You are not required to furnish this information, but are encouraged to do so. The law provides that we may neither discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations we are required to note ethnicity, race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below.

Applicant	Co-applicant
<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: ____ / ____ / ____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)	<input type="checkbox"/> I do not wish to furnish this information Race (applicant may select more than one racial designation): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> White <input type="checkbox"/> Asian Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male Birthdate: ____ / ____ / ____ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)

To be completed only by the person conducting the interview	
This application was taken by: <input type="checkbox"/> Face-to-face interview <input type="checkbox"/> By mail <input type="checkbox"/> By telephone	Interviewer's name (print or type)
	Interviewer's signature Date
	Interviewer's phone number