



Aging In Place

For Office Use Only		
Date Received:	Approved / Denied	Letter Mailed:

A Brush With Kindness (ABWK) is an exterior home preservation program that provides painting, siding, insulation, windows, exterior doors, landscaping, and minor repairs services for homeowners in need. If you have questions about the program or this application, please call 706.378.0030.

Section 1: Homeowner Information	
Legal Name of Homeowners(s): Applicant 1 :	Applicant 2:
Home Address:	
City, State, Zip:	
Email Address:	
Phone: (Applicant 1)	Phone: (Applicant 2)
Date of Birth (Applicant 1)	Date of Birth (Applicant 2)
Number of Years at Address:	How many children, under 18, in the household?
Section 2: Special Needs	
Does the home need to be barrier free or have additional accessibility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please summarize needs:	
Section 3: Sharing Your Personal Information	
If your application is a more appropriate fit with other, similar programs, from other service organizations, may we share your information with them? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Unless we have your permission, your application will be kept confidential.</i>	
Section 4: Household Income	
The total, combined income before taxes for ALL persons living in the home is: \$ _____ per year. You must be able to provide verification of all household income (i.e The most recent income tax return, plus monthly social security statements, disability payments, other retirement income, and/or employment check stubs. Please note on statements and stubs if it represents annual, monthly, twice monthly, bi-weekly, or weekly income and/or benefits for children) for each member of the household.	



Section 5: Mortgage Information		
Are you still making loan payments on your home? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what is your monthly payment? _____		
Section 6: Household Expenses		
Auto Loan: \$	Auto Insurance: \$	
Property Taxes:	Homeowners Insurance: \$	
Gas: \$	Electric: \$	
Water: \$	Medical: \$	
Food: \$	Phone: \$	
Other: \$	Other: \$	
Section 7: House Information		
Year Built:	Last Painted:	Square Feet:
House Exterior Siding: _____ Trim: _____	Garage Exterior Siding: _____ Trim: _____	
Do you have homeowner's insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Homeowners insurance is a requirement for approval; please provide appropriate documentation.		
Are you current on your homeowner's insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you current on your property taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Section 8: Requested Repairs		
<i>Briefly describe all the work needed to be done on your home. Attach a separate piece if needed.</i>		
Section 9: Personal Statement		
<i>Please write a brief explanation of why you feel you should be selected and how it will help you.</i>		



Section 10: Homeowner's Agreement	
<p>I certify that the information on this application is accurate and that I own the property at the address given on this application. I confirm that any physically able persons residing in my home, will work alongside, or be available for the Habitat for Humanity – Coosa Valley volunteers. I confirm my house is a safe place for volunteers.</p> <p>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.</p> <p>If Habitat for Humanity – Coosa Valley selects your house to be repaired, pictures of you and your home may be take. I give permission to publish these pictures on Habitat's website, social media, newsletters and local newspaper.</p>	
Applicant 1:	
Printed Name:	Signature:
Social Security Number:	Date:
Applicant 2:	
Printed Name:	Signature:
Social Security Number:	Date:
Complete the following if you are not the homeowner, but are assisting in completing this application. By signing this application you confirm that the homeowner is aware of this application.	
Printed Name:	Signature:
Phone Number:	Email:
Additional Notes (For Office Use Only)	

