Habitat for Humanity® Cape May County

Brush with Kindness Application

HOMEOWNER INFORMATION

Full Legal Name _____

Address _____

City_____ State _____ Zip _____

Are you currently or have you ever served in the US Armed Forces? _____

SSN (*required for background check & household members 18+*) _____

Date of Birth _____ Phone Number(s) _____

Email(s): _____

HOUSEHOLD MEMBERS

Please provide information for **everyone** who lives in this home. Income before taxes includes wages or business income, retirement/pension, social security, supplemental security income, public assistance, child support, etc.

Full Name (*and SSN for Household members 18+*)	**Date of Birth**	**Relationship to Homeowner**	**Phone Number (*Members 18+*)**	**Monthly Income**
			TOTAL:	

EQUAL HOUSING OPPORTUNITY

ACCESSIBILITY NEEDS

Please provide the necessary information needed for us to process your application by answering the following:

What is the reason for the repair/revitalization request?

List repairs or revitalization efforts needed:

Have you received repairs/home maintenance assistance from other organizations?
If yes, *please explain*.

In what ways would you participate and engage with our Habitat team during the event? Providing refreshments, participating in the work, taking attendance, etc…

ACKNOWLEDGEMENT

By signing this form, I confirm that:

1. I own and reside in the home listed as my primary residence.
2. All information provided is accurate and complete to the best of my knowledge.
3. I am applying for the Brush with Kindness Program, which assists low to moderate-income Cape May County homeowners in maintaining the exterior of their homes.
4. I authorize Habitat for Humanity Cape May County to verify my information and coordinate the repairs/revitalization of the exterior of my home.
5. I understand that my application may be denied at any stage if I do not meet Habitat's criteria or partnership terms.
6. I agree to participate in the event on the day of by providing refreshments, taking attendance, participating in the work or some other form of involvement as discussed with Habitat Cape May.
7. I consent to photographs being taken during the repairs/revitalization. If I have questions or wish to opt out, I will contact the Executive Director at **executive.director@habitatcapemay.org**.
8. I permit Habitat for Humanity Cape May County to conduct criminal and sex offender background checks on all household members over 18, as required for application completion.

9. I understand that HFHCM offers the following services (*and others*) at their discretion, and this list is subject to change:

-Yard clean-up (cleaning brush, overgrowth, trash removal)
-Washing exterior siding, windows (*1st floor only*)
-Small exterior painting projects (*1st floor only*)
-Gutter cleaning/minor repair (*1st floor only*)
-Pulling weeds, mulching, landscaping
-Minor repairs to exterior decking, fences, sheds, and entryways

_____ _____

Signature of homeowner(s) Date

If you are not the homeowner, but are assisting the homeowner in completing this form, *please* provide your name, relationship to the homeowner, and phone number:

_____

APPLICATION CHECKLIST

Please check that the following items are included in your application package:

- ☐ Proof of homeownership (i.e. tax bill, an insurance declaration, a deed, or a mortgage payment invoice)
- ☐ Proof of income (i.e. last 3 months of bank statements/pay stubs or the prior year's tax return) for all members of the household.
- ☐ A copy of the driver's license or photo id for everyone in the household over 18 years of age
- ☐ A list of the repairs or revitalization efforts needed

Incomplete applications will not be processed