

A Brush With Kindness Application



Thank you for your interest in Habitat for Humanity's *A Brush with Kindness (ABWK)* Program which is an **exterior home preservation service offered to low-income homeowners struggling to maintain their home**. ABWK supports eligible homeowners' evolving needs due to age, disability, or family circumstances among other needs; the program helps low-income, owner occupied homeowners reclaim pride and peace of mind. These improvements are typically led with the support of our volunteers at no cost to the homeowner. Volunteer teams assist with painting, landscaping, and minor repairs and maintenance, grab bar installation, and more.

The homeowner(s) must meet **all** of Habitat for Humanity's homeowner selection requirements for repairs:

1. Reside in our service area: Gaviota to the north and Carpinteria to the south.
2. Have a demonstrated need for a home preservation project, ideally related to health or safety concerns but not a requirement.
3. Household gross income must be below 80% of the Area Median Income (see income guidelines on page three).
4. Be willing to partner with Habitat for Humanity, volunteers and the community.

Items left blank or with no reply may deem this form as incomplete and may disqualify your request for maintenance services. **Please note that Habitat for Humanity's ability to address your needs is dependent on funding and project scope. Habitat for Humanity does not do emergency repairs.**

When submitting this application, please provide proof of homeownership and homeowners insurance. If you determine that securing homeowners insurance is a barrier for you, please call us. Based on the parameters of your request (size and scope) we may follow up asking for more information and proof of income.

Need Help Completing This Application?

If you need assistance with completing this application or have questions, please contact repairs@sbhabitat.org or (805) 692-2226.

Note: *A Brush With Kindness* differs from our *Critical Home Repair* Program, in that ABWK

tends to be projects lower in cost, and requiring less skilled technicians. Because of this, there are two separate applications. The ABWK application is more brief; please inquire if you want to discuss which program is right for your needs.

Part 1 – Homeowner & Co-Homeowner Information

1. a. Homeowner Name: _____ Date of birth: ____ / ____ / ____
 Co-Homeowner Name: _____ Date of birth: ____ / ____ / ____
- b. Street Address: _____
- c. City: _____ State: CA ZIP: _____
- d. Telephone number (with area code): _____
- e. Email Address: _____
- f. Preferred method of communication: _____
2. a. What type of home do you own? (please check)
 single-family detached home mobile home townhome condo
 In which year was your home built? _____

Part 2 – Homeowner maintenance needs

3. Please indicate your **home maintenance needs** by checking the boxes that apply and rating them by priority. For more significant repair needs (i.e. roof repairs, shower renovations, etc.), please see our Home Repair program application instead.

Priority (#)	Maintenance Needs	Details on existing problem and desired maintenance
	Landscaping	
	Exterior Painting	
	Interior Painting	
	Weatherization	
	Power Washing	

Priority (#)	Maintenance Needs	Details on existing problem and desired maintenance
	Debris Removal	
	Locks, Doors, etc	
	Smoke detector replacement	
	Fall Risk Prevention	
	Equipment Installation	
	Other:	
	Other:	

Part 3 – Household income & assets

Please note that in this application process, you must meet all eligibility requirements, most specifically, income. When submitting this application, please verify the types of income you receive along with self declaring your annual income. If your requested scope of work exceeds \$1,000 (based on staff estimates) we may ask you to provide proof of income, bank statements, and more.

- Total number of household members currently living in your home: _____
- Are there any members of the home who are disabled or a senior? Do any of your requests aid you in safety, health, or aging in place? Please explain your needs:

- List all homeowners & household members and their information in the table below:

	Name	Age	Check all that apply	Annual income (check all that apply)
Homeowner			<input type="checkbox"/> Disabled <input type="checkbox"/> Male <input type="checkbox"/> Senior <input type="checkbox"/> Female <input type="checkbox"/> non-binary	\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed

Co-Homeowner, if applicable			__ Disabled __ Male __ Senior __ Female __ non-binary	\$ _____ _ Employed _ Retired _ Unemployed
Household member			__ Disabled __ Male __ Senior __ Female __ non-binary	\$ _____ _ Employed _ Retired _ Unemployed
Household member			__ Disabled __ Male __ Senior __ Female __ non-binary	\$ _____ _ Employed _ Retired _ Unemployed

7. Total combined gross income (before taxes) for homeowners and all occupants:

\$ _____ per year.

2022 Income Eligibility Requirements

Household Size	1	2	3	4	5	6	7
Income Limit	\$78,350	\$89,550	\$100,750	\$111,900	\$120,900	\$129,850	\$147,750

8. Do you have homeowner's insurance? __ Yes __ No

Part 4 – Additional information

9. Are you willing to partner with Habitat for Humanity, including sweat equity hours if you are able and if needed? Sweat equity is your contribution to your home repairs in the form of effort. If you are physically unable, you may have family and/or friends help you.

Homeowner: __ Yes __ No

Co-Homeowner: __ Yes __ No

10. Are you on active military duty or a veteran?

Homeowner: __ Yes __ No

Co-Homeowner: __ Yes __ No

11. How did you hear about our program? _____

12. Have you ever applied for Habitat for Humanity's home repairs or been a recipient of past repairs from Habitat for Humanity?

Homeowner: __Yes __ No

13. Who is the point of contact for this application?

Name: _____ Phone Number: _____

Email Address: _____

Part 5 – Required Documentation

Please submit **COPIES** of the following **REQUIRED** documents, otherwise, your application will not be processed. Habitat for Humanity Southern Santa Barbara County **will not accept originals** of the requested documents.

For Homeowner and Co-Homeowner, if applicable:

Identification

- Driver's License or State Identification Card or Other Government issued ID

Homeownership

- Deed of trust to the property or title to the manufactured home
- Homeowner's Insurance

Photos

OPTIONAL: If it's easy for you, please email photos of the requested work to repairs@sbhabitat.org. If not, we will conduct a site visit as soon as possible.

Part 6 – Homeowner agreement and release

I certify that the information on this application is accurate and that I own the property at the address listed on this application. I have no present intention to move or offer my home for sale for at least **five** years. I confirm that any physically able persons residing in my home or visiting for the project day(s) will work alongside Habitat for Humanity volunteers. I confirm that, except for the conditions I listed above, my home is a safe place for volunteers. I acknowledge I am unable to financially qualify for a conventional mortgage loan for the requested services.

I understand that by submitting this application, I am authorizing Habitat for Humanity including qualified committee members to evaluate the need for critical repairs to my existing home, my ability to financially support requested services and my willingness to partner with Habitat for Humanity. I understand that this evaluation will include personal visits, a needs assessment, a sex offender registry check and may include verification of income and homeownership. I have answered all questions on this application truthfully. I understand that if I have not answered any of these in a truthful manner, my application may be denied and that even if I have already been selected for the Program, I may be disqualified. The original or a copy of this application will be retained by Habitat for Humanity, even if the application is not approved.

With my signature below, I affirm that the information in this application is true to the best of my knowledge.

Signature

Date

Signature (Co-Homeowner)

Date

Mail or email this completed form to:

Habitat for Humanity of Southern Santa Barbara County

Email:

repairs@sbhabitat.org

Attn: Home Repair Program

PO Box 176, Goleta CA 93116

Questions? Please call us at (805) 692-2226

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 is no barrier to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.

For Habitat for Humanity Office use only:

Application received by

Date

Application reviewed by

Date