

ABWK

A Brush With Kindness

A Brush With Kindness (ABWK) is a program of Habitat for Humanity of Greater Newburgh's **Neighborhood Revitalization Initiative (NRI)** that performs home painting, accessibility modification, porch repair, landscaping and other minor exterior repairs for homeowners in need of assistance to do the necessary work. These services are provided by Habitat for Humanity of Greater Newburgh at an affordable cost to the homeowner. If you meet the requirements listed in the Application Policy and Process section of this packet and on the ABWK flyer, please proceed and fill out the ABWK application and return it via email to info@habitatnewburgh.org or mail to the following address:

Habitat for Humanity of Greater Newburgh
RE: ABWK
125 Washington Street
Newburgh, NY 12550

This application, including the requested documents will be reviewed only by Habitat for Humanity of Greater Newburgh staff and the Family Selection Committee. If the application and materials provided meet ABWK program criteria and the project is within Habitat's resources, your application will be reviewed and considered with other qualifying applications. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

Chosen recipients for an ABWK project, will be notified by phone by a representative of Habitat for Humanity of Greater Newburgh. A home visit will then be scheduled to conduct an assessment of the repairs requested and work will begin once the homeowner and Habitat agree on the Scope of Work and a Work & Payment Agreement.

If you have any questions or concerns regarding this application or the process, please contact Corey Allen weekdays between **9:30AM** and **5:00PM**. Call **(845) 568 - 6035 ext. 104** or email callen@habitatnewburgh.org.

Thank you for your interest in partnering with Habitat for Humanity of Greater Newburgh.

OFFICE USE ONLY

Date Received:
Project ID:
Referred By:

ABWK

Project Application

If you have any questions, please contact Corey Allen, NRI Coordinator, weekdays between 9:30AM and 5:00PM at **(845) 568 - 6035 ext. 104** or email callen@habitatnewburgh.org. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

Section 1 - Homeowner Information

Legal Name/s Of Homeowner/s			Date of Birth	
Home Address	<div>City/Town/Village</div> <div>County</div> <div>Zip-Code</div>		Office Use Only	
Years At Current Address			Contact Information (Please Include The Area Code)	
			Home:	
Name Of Neighborhood			Cell:	
			Work:	
			Email:	

List name, ages and relationship to homeowner of all people living in the home (Attach list if more space is needed)

Name-Relationship:		DOB:	
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Name-Relationship:		DOB:	

Is anyone in your household a veteran? Yes ☐ No ☐ Name:

Is anyone in your household currently in the military? Yes ☐ No ☐ Name:

Section 2 - Special Needs

Is the homeowner or anyone in the home disabled ? Yes ☐ No ☐

If yes, indicate the type of disability below (check all that apply and please describe if "other"):

☐ Uses walker, cane or crutches ☐ Wheelchair Bound ☐ Blind ☐ Hearing Impaired

☐ Loss of Limb ☐ Mentally Disabled ☐ Other:

Is translation needed? ☐ Yes ☐ No If yes, what language:

Section 3 - Income, Expense & Mortgage Information

Total, combined monthly income calculated from Worksheet 1: \$ /year

You must attach verification of all household income for each adult in the house and fill out the worksheet attached . (Examples of acceptable documents include: recent income tax return, monthly social security statement, other retirement income statements, employment pay stub and please note if it is annual, monthly, bi-weekly or weekly income.

Total, combined monthly expenses calculated from Worksheet 2: \$ /year

Total value of assets calculated from Worksheet 3: \$ /year

Section 4 - Information Referral

If your application is a more appropriate fit with similar programs of other organizations, may we share it with them on your behalf?

Yes ☐ No ☐

Section 5 - Homeowner Agreement

I certify that the information on this application and in the attached documents and worksheets is accurate to the best of my knowledge. I further certify that I own the property at the address given on this application. I have no present intention to move or offer my home for sale for at least three years. I confirm that any physically able persons residing in my home or visiting for the project day(s) will work alongside ABWK volunteers. I confirm that, except for the conditions attached, my home is a safe place for volunteers.

To the extent permitted by law and without affecting the coverage provided by the required homeowner's insurance, I agree to sign and release a waiver of liability.

Signature of Homeowner

Date

Signature of Co-Homeowner

Date

Complete this section if you're not the homeowner, but are assisting the homeowner in completing this application

Name:

Is the homeowner aware of this application ?

Daytime Phone #:

Yes ☐

No ☐

Section 6 - Basic House Information

What size is your house?

(select the picture below which best describes the size of your house.)



Year Purchased Year Built

When is the last time the house was painted?

House Exterior

(Select the checkbox below which best describes the siding and trim on your house. Leave blank if you don't know.)

Siding

- ☐ Wood
☐ Brick
☐ Stucco
☐ Vinyl
☐ Aluminum

Trim

- ☐ Wood
☐ Vinyl
☐ Metal

Other Siding:

Other Trim:

Garage Exterior

(Select the checkbox below which best describes the siding and trim on your garage. Leave blank if you don't know.)

Siding

- ☐ Wood
☐ Brick
☐ Stucco
☐ Vinyl
☐ Aluminum

Trim

- ☐ Wood
☐ Vinyl
☐ Metal

Other Siding:

Other Trim:

Section 7 - Homeowner Requested Repairs

A Brush With Kindness only performs the repairs listed below unless otherwise discussed with the homeowner. Homeowners with interior accessibility challenges are encouraged however to include requests for interior modifications in the accessibility section of the repairs.

The requested repairs will all be considered but the final decision on what work can be done will be determined by time and financial resources, at the discretion of Habitat for Humanity of Greater Newburgh's A Brush With Kindness Program. That decision will be presented to the homeowner in the Project Scope Assessment prior to beginning any work on the property. Our volunteers are not professionals and may not be able to make all repairs. (please print/write clearly)

Accessibility Modifications

- ☐ Wheelchair ramp
☐ Interior accesbity features

Description/More Information

Painting

- ☐ House siding
☐ House Trim (around doors, windows, overhangs, etc)
☐ Porch
☐ Garage Siding
☐ Garage Trim

Description/More Information (can include current color of siding and trim or desired colors.)

Other Repairs

- ☐ Landscaping & Gardening
☐ General Cleaning (exterior only)
☐ Doors and Windows (locks, frames, weather stripping, etc.)

Description/More Information

Section 8 - Media & Publicity

Where/How did you learn about A Brush With Kindness?

If A Brush With Kindness selects your home to be repaired, pictures of you and/or the outside of your home may be taken. By signing and submitting this application, you are granting Habitat for Humanity of Greater Newburgh permission to use these photos and videos in promotional and marketing materials for the program unless otherwise noted below.

☐ Deny permission

Section 9 - Personal Statement

Briefly state why you applied to this program and how you think it will help you and your community?

Section 10 - Application Checklist

☐ Did you complete all 10 sections of this application?

☐ Did you attach/enclose a copy of the deed/title on your home or other proof of ownership such as property tax receipt? *(All documents submitted must show the name and address of the applicant.)*

☐ Do you currently have homeowner's insurance? Yes ☐ No ☐

☐ Are you current on your homeowner's insurance premiums? Yes ☐ No ☐

☐ Did you complete Worksheets 1,2 &3 and attach a statement verifying income for each household member employed? This statement can be a copy of one or more of the following:

*tax return, social security receipts, retirement pay receipts, or other documentation of household income. **All adults** over the age of 18, must submit an income document or prove current student status.*

☐ Did you sign the application **(Sections 5 and 10)** ?

X

Signature of Homeowner

Date

X

Signature of Co-Homeowner

Date

Worksheet 1 - Monthly Income

Indicate in the space provided below, the monthly income of all residents of the home, including the homeowner/s and other adults over the age of 18 years old, unless student status can be shown.

Monthly Income (\$)			
	Homeowner	Co-Homeowner	All other Adults over the Age of 18 (combined)
Base Employment Income			
Pension/Retirement Income			
Investment Income (stocks, bonds, dividends, etc.)			
Tips			
SNAP/TANF			
Food Stamps/EDT			
Social Security			
Social Security Insurance			
Social Security Disability Insurance			
Private or Employer Offered Disability Insurance			
Workman's Compensation			
Alimony			
Child Support			
Medicaid, etc.			
Other (Please Specify)			
Other (Please Specify)			
Other (Please Specify)			
Other (Please Specify)			
Sub Total			
Total			

Worksheet 2 - Monthly Expenses

Indicate in the space provided below, the monthly expenses of all residents of the home, including the homeowner/s and other adults over the age of 18 years old, unless student status can be shown.

Monthly Expense (\$)			
	Homeowner	Co-Homeowner	All other Adults over the Age of 18 (combined)
Loan - Home Mortgage			
Loan - Vehicle			
Loan - Personal			
Loan - Student			
Loan - Other (Please Specify):			
Insurance - Homeowners			
Insurance - Automobile			
Insurance - Medical			
Insurance - Other (Please Specify):			
Utility - Electricity			
Utility - Gas/Oil			
Utility - Water			
Utility - Telephone / Cable / Internet			
Utility - Other (Please Specify):			
Liens/Judgments			
Alimony/Child Support			
Credit Card (Average Monthly Payment)			
Installment Debt			
Transportation (gas,rail, bus, taxi, other)			
Food			
Medical Bills			
Other (please specify):			
Sub Total			
Total			

Worksheet 3 - Assets

Indicate in the space provided below, the monthly expenses of all residents of the home, including the homeowner/s and other adults over the age of 18 years old, unless student status can be shown.

				Estimated Value (\$)		
				Homeowner	Co-Homeowner	All other Adults over the Age of 18 (combined)
Home for which ABWK is Requested and Applicants Reside						
Other Property (Please specify address):						
Other Property (Please specify address):						
Other Property (Please specify address):						
Vehicle (Year Make/Model)						
Vehicle (Year Make/Model)						
Vehicle (Year Make/Model)						
Vehicle (Year Make/Model)						
Utility Trailer (Year Make/Model)						
RV (Year Make/Model)						
Boat (Year Make/Model)						
Savings Account						
Savings Account						
Savings Account						
Checking Account						
Checking Account						
Checking Account						
Other (please specify):						
Sub Total						
Total						