



A Brush with  
Kindness

Cedar Valley Habitat for Humanity  
725 N Center Point Road  
Hiawatha, IA 52233  
P: 319-366-4485 F: 319-363-9722

## HOW TO APPLY

Habitat for Humanity is a non-profit organization building affordable homes with people who qualify. Home improvements are sold in exchange for 25 hours of "Sweat Equity" and the cost of any materials purchased for the project (aside from paint, which is donated by the Valspar Corporation). Those homeowners able to pay the costs up-front will receive 50% off the cost of the project, otherwise all *A Brush with Kindness* projects may be financed using zero interest, zero profit loans over 3 years.

### FOLLOW THESE DIRECTIONS TO APPLY

1. Read ALL the information before completing the application.
2. Complete the application **fully and honestly**. All information is confidential and seen only by the Habitat Family Selection Committee, staff and Board of Directors.
3. Habitat considers an application complete ONLY when the filled out and signed application is submitted with all necessary forms, including tax forms and income documentation. If you do not file income tax forms with the IRS please include a note explaining why.
4. **Return your completed application and additional materials to the Habitat office in Hiawatha.**

### AFTER YOU HAVE APPLIED

1. **REVIEW:** The Family Services Staff and volunteer Family Selection Committee will review your application. One of the committee volunteers will call you to discuss your application. You will be notified by mail if you are or are not eligible to participate in *A Brush with Kindness*. (Please see #3 above for a description of a completed application.)
2. **NOTIFICATION:** If you DO NOT meet the financial eligibility requirements, you will be notified by mail.
3. **HOME VISIT:** If you DO meet the financial eligibility requirements, a Habitat volunteer will contact you to take the next step, a home visit. The purpose of this visit is for the Habitat volunteer to answer your questions about the program. Following the home visit, your application will be presented to the Family Selection Committee. You will be notified of the committee's decision by mail.

NOTE: If you are turned down at any point in the process, we will tell you exactly why. You may still be eligible some time in the future. If your circumstances change, we encourage you to apply again.

### QUESTIONS?

If you have questions about your application please call the Habitat office at 319-366-4485.



## Application Checklist

Have you....

- Completed all sections of the application?**
- Signed the application?**
- Enclosed proof of homeownership?** (This may include a copy of the Deed of Trust or your most recent property tax receipt.)
- Enclosed proof of current homeowner insurance?**
- Enclosed copies of last four (4) paycheck stubs or other proof of income?**
- Enclosed proof of child support and/or public assistance, if you receive them?**
- Enclosed a copy of your most recent tax return?**





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For office use only: Date Received: Received By: Application Number:

Homeowner Information

Name: (Last) (First) (Middle)
Date of Birth: Social Security:
Street Address:
City: State: Zip: Email:
Phone: Home: Cell: Work:
Number of years at address: Name of Neighborhood:

List the names, ages, and relationship to homeowner of all people living in the home:

Name/relationship: Age:
Name/relationship: Age:
Name/relationship: Age:
Name/relationship: Age:

Is there any factor that would limit a family member's ability to participate in sweat equity?

If so, what measures could be taken to accommodate this?

Would that member be comfortable with an alternate method of performing sweat equity?

Is translation needed? If so, what language?

Is there any other individual or individuals present on the Deed of Trust?

Any other persons listed on the deed who do not reside in the home are required to sign the "Non-Resident Co-Owner Waiver" available online or at the affiliate office. Applications received with co-owners listed will not be processed until the "Non-Resident Co-Owner Waiver" has been received.

Why do you feel your family would be a good fit for the A Brush with Kindness program? (Please use additional paper if necessary.)

Multiple horizontal lines for handwritten response.

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

Unless you give us permission to share your information with other organizations, you application will be kept confidential. If you write yes, you give A Brush with Kindness your consent to share the information you provide on this application with similar organizations if A Brush with Kindness is not able to assist you.

## Financial Information

Please supply income information for all adults over 18 the household. Include with documents the four most recent paystubs for each member.

**Applicant:** Employment for the last two years. Begin with the most recent employer. Attach additional sheets if necessary.

**Present Employer:** \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Pay Rate: \_\_\_\_\_  weekly  every two (2) weeks  two (2) times monthly  monthly

**Employer:** \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Member 1 (name):** \_\_\_\_\_

**Present Employer:** \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Pay Rate: \_\_\_\_\_  weekly  every two (2) weeks  two (2) times monthly  monthly

**Member 2 (name):** \_\_\_\_\_

**Present Employer:** \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Pay Rate: \_\_\_\_\_  weekly  every two (2) weeks  two (2) times monthly  monthly

**Does your family receive any supplementary income?** (ie: food stamps, SSI, SSDI, child support, etc.)

If yes, what for, and what amount per month?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If claiming supplementary income, you must provide verification along with supporting documents.

**Are you still making loan payments on your home?**

If yes, to whom? \_\_\_\_\_

If yes, what is your monthly payment? \_\_\_\_\_ /month

**What is the total of your other monthly expenses?** (ie: gas, electric, insurance, food, phone, medical, etc)

\_\_\_\_\_ /month

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### For office use only:

**Monthly income for all family members:**

Applicant: \_\_\_\_\_

Member 1: \_\_\_\_\_

Member 2: \_\_\_\_\_

Other monthly income: \_\_\_\_\_

**Gross monthly income:** \_\_\_\_\_ x .1 = \_\_\_\_\_

**Gross annual income:** \_\_\_\_\_

**Monthly Expenses:**

Monthly loan payments: \_\_\_\_\_

Other monthly expenses: \_\_\_\_\_

**Total monthly expenses:** \_\_\_\_\_

**Total expendable income:** \_\_\_\_\_ x .1 = \_\_\_\_\_

**Estimated costs of repairs:** \_\_\_\_\_

# House Information

Please select the size that best describes your house:

1 story \_\_\_\_\_ 1.5 story \_\_\_\_\_ 2 story \_\_\_\_\_ 2.5 story \_\_\_\_\_

Year Purchased: \_\_\_\_\_ Year Built: \_\_\_\_\_ Last Painted: \_\_\_\_\_ Square Feet: \_\_\_\_\_

## Materials:

### House:

- |   |                                |
|---|--------------------------------|
| Siding                                  | Trim                           |
| <input type="checkbox"/> wood           | <input type="checkbox"/> wood  |
| <input type="checkbox"/> brick          | <input type="checkbox"/> vinyl |
| <input type="checkbox"/> shakes         | <input type="checkbox"/> metal |
| <input type="checkbox"/> stucco         |                                |
| <input type="checkbox"/> painted stucco |                                |
| <input type="checkbox"/> asbestos/slate |                                |
| <input type="checkbox"/> aluminum       |                                |
| <input type="checkbox"/> vinyl          |                                |

### Garage:

- |   |                                |
|---|--------------------------------|
| Siding                                  | Trim                           |
| <input type="checkbox"/> wood           | <input type="checkbox"/> wood  |
| <input type="checkbox"/> brick          | <input type="checkbox"/> vinyl |
| <input type="checkbox"/> shakes         | <input type="checkbox"/> metal |
| <input type="checkbox"/> stucco         |                                |
| <input type="checkbox"/> painted stucco |                                |
| <input type="checkbox"/> asbestos/slate |                                |
| <input type="checkbox"/> aluminum       |                                |
| <input type="checkbox"/> vinyl          |                                |

## Parts of the house and garage that need painting:

- House siding
- House trim (around doors, windows, overhangs, etc.)
- Garage siding
- Garage trim (around doors, windows, overhangs, etc.)
- Other

## Requested Repairs:

Briefly describe the type of work you would like done on your home. Attach a separate piece of paper if there is not enough space to list all repairs. Remember that the items listed below will be considered for repair, but the final decision on what work can be done with our time and financial resources will be made at the discretion of A Brush with Kindness. The work done by A Brush with Kindness will focus on external improvement and beautification. Our volunteers are not professionals and may not be able to make all repairs.

**Painting:** List all exterior painting requirements. Be specific. \_\_\_\_\_

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**Yard Work:** Indicate if there is yard cleanup and/or trash removal required. Describe any landscaping that is necessary. \_\_\_\_\_

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**Other Minor Exterior Repairs:** List any exterior repairs that may be necessary, ie: broken handrail, rotting porch step, etc. \_\_\_\_\_

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**Where did you learn about Cedar Valley Habitat for Humanity and the *A Brush with Kindness* program?**

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**Homeowners Agreement**

**Media and Publicity**

Cedar Valley Habitat for Humanity often works with corporate and/or church sponsors. These sponsors provide funds for our projects. Additionally, they provide some of the volunteers to help complete the work on the home. In celebration, some sponsors may wish to publicize the event and/or information about the family in different newsletters, newspapers, radio stations television, etc. Partner families will not be disqualified from the program should they choose not to release their names to our partners and media.

I/we consent to having information released about our family to sponsors and for internal Habitat for Humanity publications including, but not limiting to, the organizations newsletters, and website. This may include, but is not limited to, photographs and interviews as ink-home visits from elected officials.

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Date

**Homeowners Agreement**

I, \_\_\_\_\_ certify that the information on this application is true and accurate and that I own the property at \_\_\_\_\_ . I have no present intention to move or offer my home for sale for at least three years. I confirm that, except for the conditions listed in this application, my home is a safe place for volunteers.

I understand that the people who may work on my house are unpaid volunteers; that few, if any of them, are skilled in the building trades; and that A Brush with Kindness makes no warranties, expressed or implied, regarding any materials, used or work done by anyone at my house. I hereby agree that I, my assignees, their heirs, distributes, guardians, and legal representatives will not make a claim against, sue or attach the property of Cedar Valley Habitat for Humanity or any affiliated organizations or the suppliers of any tools or equipment that I use in these activities, for injury or damage resulting from negligence or other acts, howsoever caused by any employee, agent, contractor of, or participant in Cedar Valley Habitat for Humanity activities. I hereby release Cedar Valley Habitat for Humanity and any of its affiliated organizations from all actions, claims or demands that I, my assignees, heirs, guardians, and legal representatives now have or may hereafter have for injury or damages resulting from my participation in any Cedar Valley Habitat for Humanity activities.

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Homeowner

\_\_\_\_\_  
Date

