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Our A Brush With Kindness (ABWK) program helps local low-income families repair the exterior of their homes so that they are able to live in safe, decent homes for years to come.

Please answer this application thoroughly and truthfully. We will use this application to help determine if you qualify for the Habitat for Humanity ABWK program. All information will be kept confidential. If there is only one applicant, please leave Co-Applicant blank or answer N/A. Co-Applicant is whomever owns the home with the applicant.

If you are needing only labor, you will be asked to skip a few sections of the application. However, if you are needing labor AND materials, you will be asked to fill out the entire application.

If you are needing labor AND materials, please send to our main office:

1. Your previous year or current year income tax return your last two (2) paycheck stubs or other proof of income.
 - If you did not file taxes for the previous or current year, please provide a letter, signed by you, that states you did not file taxes and the reason why.
2. You last two (2) bank statements showing all checking, saving, and loan balances.
 - If you do not have a bank account, please write that on the application.
3. Proof of child support and/or public assistance if you receive them
 - such as: SSI, TANF, Social Security, disability, food stamps, etc.
4. Proof of home ownership
 - Deed of Trust or most recent property tax receipt

Have you ever applied to Habitat for Humanity?

- Yes
 No

If yes, when? _____

ELIGIBILITY

Habitat for Humanity of Weber and Davis Counties works with local low-income families who need repairs on the exterior of their home. We believe that everyone should live in safe and decent homes for years to come. With volunteer help, we do numerous projects including:

- Painting
- Minor home repairs
- Landscaping
- Cleanup projects
- Building decks and ramps
- So much more!

To be eligible for this program, you must meet the income requirements, own and occupy a home that needs exterior improvements, willingness to partner with our affiliate, and are unable to complete projects due to age, disability, or other circumstances.

Our affiliate, Habitat for Humanity of Weber and Davis Counties, does not discriminate on the basis of race, color, religion, sex, age, national origin, veteran status, sexual orientation, gender identity, disability, and any other basis of discrimination prohibited by law.

INCOME REQUIREMENTS (2018)

Family Size	Gross annual household income
1	\$17,850 - \$35,700
2	\$20,400-\$40,800
3	\$22,950-\$45,900
4	\$25,750-\$51,000
5	\$30,170-\$55,080
6	\$34,590-\$59,160
7	\$39,010-\$63,240
8	\$43,430 - \$67,320

1. APPLICANT INFORMATION

APPLICANT	CO-APPLICANT
Name	Name
Date of Birth	Date of Birth
E-mail	E-mail
Home Phone	Home Phone
Work Phone	Work Phone
<hr/> <i>Address Apartment # City State Zip Code</i>	
Year home was built	

2. DESCRIPTIONS

Please describe all the 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 you list will be considered for repair, but the final decision on what work can be done will be made by the staff of Habitat for Humanity of Weber and Davis Counties. Our volunteers are not professionals and may not be able to make all repairs.

Please write a brief explanation of why you feel you should be selected and how the home repairs will help you. Please use additional paper if needed.

Are you needing labor-only or labor AND materials?

- Labor-Only
 Labor AND materials

3. HOUSEHOLD INFORMATION & DEMOGRAPHICS

What is your monthly household income? \$ _____/mo. Do you have homeowner's insurance? Yes No

Are you or anyone in your household a veteran? Yes No Are you or anyone in your household disabled? Yes No

Are you or anyone in your household a senior citizen? Yes No Are you or anyone in your household a student? Yes No

Which ethnicity do you most identify with?

- Native American/American Indian Hispanic/Latino/Spanish Origin
 Asian Native Hawaiian/Pacific Islander
 Black/African American White
 Rather not say

If you are needing labor-only, please skip this next section and move onto HOUSEHOLD MEMBERS.
 If you are needing labor AND materials, please fill out this next section.

4. HOUSEHOLD INFORMATION & INCOME FOR LABOR AND MATERIALS

Let it be known that HFHWD will purchase the materials needed for the ABWK project. However, it is up to the homeowner to repay back HFHWD for the materials either through affordable monthly payments and/or a no-interest loan.

How long have you lived at this address?

Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	What is your monthly payment? \$ _____	Do you have pets? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____	What kind(s) of pets? _____ _____ _____
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After paying your monthly bills (utilities, insurance, food, phone, medical, etc.) approximately how much money do you have left to spend on house repairs? \$ _____/month

Have you ever filed bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? _____
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Please include all income and debts from everyone in the household.

Gross Monthly household Income	Total amount for household	Debts	Monthly Amount
Employment Income	\$ _____	House Payment	\$ _____
AFDC/TANF	\$ _____	Utilities	\$ _____
Food Stamps	\$ _____	Food	\$ _____

Social Security	\$	Car Payments	\$
SSI	\$	Insurance	\$
Disability	\$	Child Care	\$
Alimony/Child Support	\$	Credit Cards	\$
Pension/Retirement	\$	Alimony/Child Support	\$
Other	\$	Other	\$
Total Monthly Income:	\$	Total Monthly Debts:	\$

5. HOUSEHOLD MEMBERS

Please list all members of the household. This includes everyone that lives in the home.
Please add the relationship everyone has to the applicant (i.e., daughter, son, mother, father, etc.).

Name	Relationship	Date of Birth

Is translation needed? Yes No

If yes, what language?

6. MEDIA AND PUBLICITY

Where did you learn about the ABWK program?

<input type="checkbox"/> TV	<input type="checkbox"/> Neighbor
<input type="checkbox"/> Radio	<input type="checkbox"/> Online search
<input type="checkbox"/> Flyer	<input type="checkbox"/> Website
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Other

If your house is selected to be repaired, pictures of you and your home may be taken. Are you willing to allow this? Yes No

Are you willing to be interviewed by media reporters? Yes No

May we bring elected officials to your home? Yes No

7. APPLICANT AGREEMENT

You must be present at the time of the volunteers doing the ABWK project.

To be considered for a Habitat ABWK project, you and/or your family must be willing to complete "sweat equity" hours, approved by Habitat for Humanity of Weber and Davis Counties. Your help in repairing or renovating your home and/or homes of others is called "sweat equity" hours. This may include clearing the lot, helping alongside volunteers, providing water or food for volunteers, writing thank you notes, etc. The "sweat equity" hours are dependent on the amount of work being done on your home and other factors.

The ABWK Coordinator will work with you in deciding how many hours are required and which activities are approved.

Do you agree to completing "sweat equity" hours, as approved by the ABWK Coordinator? Yes No

If you are requiring labor AND materials, you should be aware that HFHWD will purchase the materials. However, these materials will need to be paid for with a no-interest loan or affordable payments based on your income and ability to repay. If you income won't allow this repayment, you will be denied.

Do you agree to repaying HFHWD IF you are needing labor AND materials? Please leave blank if you are only needing labor assistance. Yes No

I certify that the information on this application is accurate; that I own and reside in the property at the address given on this application; that I have homeowner's insurance and that I am current on the payments of my premiums; and that I have no present intention to move or offer my home for sale for at least 3 years.

I confirm that any physically able persons residing in my home or visiting for the project day and are 18 years or older will work alongside the Habitat volunteers in order to fulfill the approved "sweat equity" hours.

If any information is found to be misleading or fraudulent on any forms; or individual/family fails to complete the requirements outlined in the letter of acceptance regarding to "sweat equity" hours; and/or there has been a change in economic circumstances which affects ability to pay as outlined in the promissory note, an individual/family may be deselected from the program if there is no foreseeable remedy and is in accordance with established de-selection guidelines.

I agree to provide any and all documents requested of HFHWD to verify information required in this application. I understand that the people who may work on my house are unpaid volunteers; that few, if any of them, are trained in the building trades and may not have had prior experience; and that **HABITAT MAKES NO WARRANTIES, EXPRESS OR IMPLIED, REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT THE HOME.** I hereby release HFHWD and all associated with it from any and all liability whatsoever.

Do you agree to this? Yes No

Applicant Signature

Date

Co-Applicant Signature

Date

Complete the following if you are not the Applicant and/or Co-Applicant but are assisting the Applicant and/or Co-Applicant in completing this application.

Applicant Name

Phone

Email

FOR HFHWD STAFF ONLY.

Visited Date

Approved?

Yes

No

REPAIRS

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____

IS PAINT NEEDED?

Yes

No

HOUSE BODY COLOR

HOUSE TRIM COLOR

GARAGE COLOR

GARAGE TRIM COLOR

FENCE COLOR

SHED COLOR

OTHER (EXPLAIN) COLOR

OTHER (EXPLAIN) COLOR

ARE MATERIALS NEEDED?

Yes

No

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____

COST OF MATERIAS: \$

Sweat equity hours approved:

ABWK Coordinator Name:

Activities approved for sweat equity:

I/my family agree to perform this # of sweat equity hours either before, during, or after project completion. I, the homeowner, agree to the work that will be done on my home as listed on this page. I, the homeowner, understand that the work to be done on my home will be scheduled and will be done by unpaid volunteers who may or may not be skilled or trained in the building trades or have prior experience. I also agree and understand that materials paid by HFHWD will need to be repaid with a no-interest loan or affordable payments based on my income and the ability to repay back to the HFHWD.

Homeowner signature:

Date: