**A Brush With Kindness (ABWK)** program **assists** fixed-income families in repairing and renovating their homes so they can continue to live in safe, decent homes. We focus on assisting elderly, veteran families and those with limited mobility. ABWK projects includes **just minor** exterior painting, landscaping, weatherization and age in place projects*. (Please keep in mind all projects are individualized.)*

**How does the program work?**

1. Habitat selects partner families based on income, need and willingness to partner.
2. Habitat affiliates use donated materials and volunteer labor for Spring & Fall outdoor clean ups to **keep costs low** and take no profits for their services.
3. A **No-Interest Loan** (max $2,500) is made to the homeowner to cover the cost of the project.

Our Vision Statement:

Seeking to put God’s love into action, Habitat for Humanity brings people together to build homes, communities and hope.

In Partnership,

**Guirlene Morales**|**Community Engagement Manager |**

Habitat for Humanity North Central Connecticut

Office: 860.541.2208 ext. 2213

Hablo Español

guirlene@hfhncc.org

**A BRUSH WITH KINDNESS PROGRAM (ABWK)**

**Application**

|  |  |
| --- | --- |
| **Applicants must review the program requirements discussed in the ABWK Brochure, ABWK letter and the application materials. These materials are available online at the Habitat for Humanity of North Central Connecticut, Inc. website (www.HabitatHartford.org) or from hard copies transmitted by staff to the candidate applicant. Applicants who believe that they meet the initial requirements may complete an ABWK Phase I Application and return application materials via e-mail or U.S. mail to Habitat for Humanity of North Central Connecticut, Inc.**  **The application materials, including requested documentation, will be reviewed by members of the Habitat for Humanity of North Central Connecticut, Inc. Family Services and Construction departments. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. If the material provided in the ABWK Phase I Application meets all Habitat for Humanity of North Central Connecticut, Inc. criteria and the repair project is within our resources, the application will be considered and reviewed with other qualifying applications. If accepted, the applicant will be requested to complete an ABWK Phase II Application and provide additional documentation.** | |
| **If you have any questions, please contact Guirlene Morales, Community Engagement Manager, weekdays between 9:00 A.M. and 4:00 P.M. at the 860-541-2208 ext. 2213 or by email at** [**guirlene@HFHNCC.org**](mailto:guirlene@HFHNCC.org)  **Thank you for your interest in the A Brush With Kindness program.** | |
|  | |
| 1. **Documentation Requirements and Checklist** | |
| **Applicant must own home in Hartford and Tolland County.** | |
| ❑ | Include a copy of the deed/proof of ownership with the application. |
| **Applicant must reside in the home for which repairs are requested.** | |
| ❑ | Include proof of home insurance with the application. |
| ❑ | Include verification of residence with the application. |
| **Applicant must meet the income guidelines – refer to income guidelines table below.** | |
| ❑ | Include the two most recent pay stubs for each household member employed with the application.  Every individual over the age of 18 that is residing in the home and working must be included. |
| ❑ | If applicable, include documentation of non-employment income or assistance with the application  if the residents over 18 years of age are not working and receiving benefits.  [SSI, CT Welfare, child support, pension payments, Medicaid, HUSKY, AIV, etc.] |
| ❑ | **Veteran DD-214 Form** |
| ❑ | Household Photo |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dear Applicant/Co-Applicant:**  **Please complete the next several sections to determine if you qualify for the Habitat for Humanity North Central Connecticut, Inc. A Brush With Kindness. Please fill out the application as completely and accurately as possible. Any information that you include on this application or in attachments will remain confidential. As a reminder, Habitat for Humanity North Central Connecticut, Inc. will perform a credit history review and a cross-check of the Connecticut Sex Offender Registry or similar national registry as may be available. A home interview and in-house repair assessment will also be required for purposes of evaluating applications to the program.**  **NOTE: Applicant refers to Homeowner; Co-Applicant to Co-Homeowner.** | | | | |
|  | | | | |
| 1. **Applicant Information** | | | | |
|  | | | | |
| **Full Name** |  | | | |
| **Social Security No.** |  | | | |
| **Date of Birth** |  | | | |
| **Email Address** |  | | | |
| **Cell Phone No.** |  | | | |
| **Marital Status** | ❑**Married** ❑**Separated** ❑**Unmarried (Single, Divorced or Widowed)** | | | |
| **Have you applied to**  **Habitat for Humanity before?  If so, when and what program?** | ❑**Yes** ❑**No**  **Date:** / / | | | |
|  | | | |
|  | | | | |
| **Dependents and others who reside with you at the home  (not listed by the Co-Applicant):** | **Full Name** | **D.O.B.** | **Male** | **Female** |
|  | / / | ❑ | ❑ |
|  | / / | ❑ | ❑ |
|  | / / | ❑ | ❑ |
|  | / / | ❑ | ❑ |
|  | / / | ❑ | ❑ |
| 1. **Co-Applicant Information** | | | | |
|  | | | | |
| **Full Name** |  | | | |
| **Social Security No.** |  | | | |
| **Date of Birth** |  | | | |
| **Email Address** |  | | | |
| **Cell Phone No.** |  | | | |
| **Marital Status** | ❑**Married** ❑**Separated** ❑**Unmarried (Single, Divorced or Widowed)** | | | |
| **Have you applied to**  **Habitat for Humanity before?  If so, when and what program?** | ❑**Yes** ❑**No**  **Date:** / / | | | |
|  | | | |
| **Dependents and others who reside with you at the home  (not listed by the Applicant):** | **Full Name** | **D.O.B.** | **Male** | **Female** |
|  | / / | ❑ | ❑ |
|  | / / | ❑ | ❑ |
|  | / / | ❑ | ❑ |

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| 1. **Home Information** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Home Telephone No.** | |  | | | | | | | | | | | | | | |
| **Home Address** | |  | | | | | | | | | | | | | | |
| **Hartford/Tolland County City** | |  | | | | | | | **Zip Code** | | | | |  | | |
| **Legal Owners (Names on Deeds)** | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | **Number and Types  of Work Spaces  in Home** | | | **Number and Types  of Living Areas  in Home** | | | | | | **Number and Types  of Pets  Dwelling at the Home** | | | | | |
| **Year Built** |  | **Garages** | | # | **Bedroom** | # | **Family Room** | # | | | **Dogs** | | | | **#** | |
| **Year Purchased** |  | **Carports** | | # | **Kitchen** | # | **Living Room** | # | | | **Cats** | | | | **#** | |
| **Homeowner’s Insurance** | | **Sheds** | | # | **Dinette/**  **Breakfast** | # | **Den** | # | | | **Birds** | | | | **#** | |
| **Carrier** |  | **Barn** | | # | **Dining Room** | # | **Office** | # | | | **Reptiles** | | | | **#** | |
| **Policy No.** |  | **Other:** | |  | **Full Bath** | # | **Other:** |  | | | **Other:** | | | |  | |
|  |  |  | |  | **Half Bath** | # |  |  | | |  | | | |  | |
|  | | | | | | | | | | | | | | | | |
|  | | **Are any of the pets in the home aggressive, anticipated to have or known to have difficulty with visitors entering the home?** | | | | | | | | | | | **Yes** ❑ **No** ❑ | | | |
|  | | **Are any of the residents in the home aggressive, anticipated to have or known to have difficulty with visitors entering the home?** | | | | | | | | | | | **Yes** ❑ **No** ❑ | | | |
|  | | **Would youth volunteers be welcomed as members of the repair team?** | | | | | | | | | | | **Yes** ❑ **No** ❑ | | | |
|  | | | | | | | | | | | | | | | | |
| **Please indicate if there are  any known code violations  at the home that  have not been addressed.** | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Briefly describe the repair  necessary and why  you are asking for  Habitat for  Humanity of Central CT, Inc.  to assist you with the repair.** | |  | | | | | | | | | | | | | | |
|  | | **Are there any special instructions or information that the repair team should know prior to entering the home? If so, please describe on back:** | | | | | | | | | | | **Yes** ❑ **No** ❑ | | | |
| 1. **Sweat Equity and Partnership** | | | | | | | | | | | | | | | |
| **Your help in renovating your home and the homes of others is called sweat equity. To be considered for the Habitat for Humanity of North Central Connecticut, Inc. A Brush With Kindness program you must be willing to complete a determined number of “sweat equity” hours set for the value of services rendered, on your home or the homes of other Hartford Area Habitat for Humanity, Inc. families. Others family members or friends can help you in accumulating sweat equity hours. This may include landscaping, construction work, painting, attending educational sessions, working in the Habitat for Humanity of North Central Connecticut, Inc. office or ReStore, or other approved activities.**  **Note: *Reasonable accommodations will be made for people with disabilities who may be unable to perform “sweat-equity” hours or certain physical activities. Other family members or friends may help fulfill the hours or other activities will be substituted. Further information will be provided at a meeting with the applicant.*** | | | | | | | | | | | | | | | |
| **Applicant** | | | **Are you willing to complete sweat equity hours?** | | | | | | | | | | **Yes** ❑ **No** ❑ | | |
|  | | | **Will you require reasonable accommodations?** | | | | | | | | | | **Yes** ❑ **No** ❑ | | |
|  | | | **Are you willing to be a partner with Habitat for Humanity of Central of Connecticut, Inc.?** | | | | | | | | | | **Yes** ❑ **No** ❑ | | |
|  | | | **Are you willing to be present and participate in a home interview?** | | | | | | | | | | **Yes** ❑ **No** ❑ | | |
|  | | | **Are you willing to be present and provide access  to the home for a repair assessment?** | | | | | | | | | | **Yes** ❑ **No** ❑ | | |
|  | | | | | | | | | | | | | | | |
| **Co-Applicant** | | | **Are you willing to complete sweat equity hours?** | | | | | | | | | | **Yes** ❑ **No** ❑ | | |
|  | | | **Will you require reasonable accommodations?** | | | | | | | | | | **Yes** ❑ **No** ❑ | | |
|  | | | **Are you willing to be a partner with Habitat for Humanity of North Central Connecticut, Inc.?** | | | | | | | | | | **Yes** ❑ **No** ❑ | | |
|  | | | **Are you willing to be present and participate in a home interview?** | | | | | | | | | | **Yes** ❑ **No** ❑ | | |
|  | | | **Are you willing to be present and provide access  to the home for a repair assessment?** | | | | | | | | | | **Yes** ❑ **No** ❑ | | |
|  | | | | | | | | | | | | | | | |
| **Other Adults  over the  Age of 18  Residing in the Household** | | | **Are other adults over the age of 18 residing in the household willing  to complete sweat equity hours?** | | | | | | | | | | **Yes** ❑ **No** ❑ | | |
|  | | | | | | | | | | | | |
|  | | | **Will any of these persons require reasonable accommodations?** | | | | | | | | | | **Yes** ❑ **No** ❑ | | |
|  | | | | | | | | | | | | | | | |
| 1. **Personal Statement** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Please write  a brief explanation  of why you feel  you should be selected  for assistance under the  Habitat for  Humanity of North Central Connecticut, Inc.  A Brush With Kindness program  and how it will help you.**  **If you need additional space,  use the back side of this page.** | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 1. **Commitment Statement and Signatures** | | | | | | | | | | | | | | | |
| **By signing or typing my name in the space provided below, I am certifying that the statements made by me on this application form and attachments, if any, are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal from the A Brush With Kindness program and to such other penalties as may be prescribed by law or policies of Habitat for Humanity of North Central Connecticut, Inc. I understand that Habitat for Humanity of North Central Connecticut, Inc. will perform a credit history review and a cross-check of the Connecticut Sex Offender Registry or similar national registry as may be available. All statements made on this application, attachments or provided by me in any discussions with Habitat for Humanity of North Central Connecticut, Inc. staff or volunteers, are subject to verification.** | | | | | | | | | | | | | | | |
| **Applicant’s Signature** | | |  | | | | | | | **Date** | | / / | | | |
| **Co-Applicant Signature** | | |  | | | | | | | **Date** | | / / | | | |

1. **Who lives in the home with the homeowner?**

**2. Do you have children? Grandchildren? (Living in the Home)**

1. **Did the (homeowner) have another occupation after/before serving?**
2. **What are some positive feelings you have towards serving for the US?**
3. **Time spent in military? Location served? Ranking?**
4. **Achievements, Awards from time served?**
5. **What are your hobbies/interests?**

**6. How long have you lived in your home?**

**7. What do you like about your neighborhood? Why do you stay there instead of moving?**

1. **What positive change(s) in your life are you expecting once the repairs are complete? How do you think you will feel once the repair is complete?**
2. **Is there a possibility you would feel comfortable sharing your story?**

* **Yes or No**

**If YES, which of the following options would be most comfortable?**

* **On Camera**
* **Phone**
* **Face to Face**

**What is the “interview “for?**

**To inspire others to ask for help, get the help they need and better their quality of life.**