



A Brush with Kindness (ABWK) program assists fixed-income homeowners in repairing and renovating their homes so they can continue to live in safe, accessible housing. We focus on assisting elderly, veterans, and those with limited mobility. ABWK projects include work that will increase security, safety, and accessibility allowing the homeowners to age in place. (Please keep in mind all projects are individualized.)

## How does the program work?

- 1. Habitat selects homeowners based on income, need and willingness to partner.
- 2. Projects are assessed based on how the repairs will increase the security, safety, and/or accessibility of the home for the applicant(s).
- 3. Habitat may use donated products or materials when available to keep costs low.
- 4. A **No-Interest Loan** is offered to the homeowner to cover the cost of the project. (Veterans who qualify may be eligible for <u>free</u> repairs)

Please note: Deposits are required (Qualifying Veterans may be exempt)

If your project is **LESS** than \$10,000.00 a \$500.00 deposit is required. If your project is **MORE** than \$10,000.00 a \$1,000.00 deposit is required. If your project is **MORE** than \$15,000.00 a \$1,500.00 deposit is required.

Our Vision Statement:

Habitat for Humanity brings people together to build homes, communities and hope.

Please mail application to: 780c Windsor Street Hartford CT 06120

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 any other application materials. These materials are available online at the Habitat for Humanity of North



Central Connecticut, Inc. website (www.HFHNCC.org) or from hard copies transmitted by staff to the prospective applicant. Applicants who believe that they meet the initial requirements may complete an ABWK 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 department.

## **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

If the material provided in the ABWK Application meets all Habitat for Humanity of North Central Connecticut, Inc. criteria and the repair project is within our service area, the application will be considered and reviewed with other qualifying applications. If accepted, the applicant may be requested to provide additional documentation.

If you have any questions, please contact us weekdays between 9:00 A.M. and 4:00 P.M. Guirlene Morales
Community Engagement Manager
860-541-2208 ext. 2213
guirlene@HFHNCC.org

Thank you for your interest in the A Brush With Kindness program.

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|--|--|--|--|--|--|--|
| Section A. Documentation Requirements and Checklist                |  |  |  |  |  |  |
| Applicant must own home in Hartford Or 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.  |  |  |  |  |  |
| Applic   | ant 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 for any residents over 18 years of age who are not working and receiving benefits. [SSI, CT Welfare, child support, pension payments, Medicaid, HUSKY, AIV, etc.] |  |  |  |  |  |
|  | Photos – Images of the area that needs repair  |  |  |  |  |  |
|  | Veteran DD214 Form (If Applicable)   |  |  |  |  |  |



## **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. |   |             |                      |            |          |        |
|--|---|-------------|----------------------|------------|----------|--------|
| Have you ever applied  |   |             |                      | program be | fore?    |        |
| Yes No If yes,   | please list/explai  | n:          |                      |            |          |        |
| Section B. Applicar  | nt Information  |             |                      |            |          |        |
| Full Name  |   |             |                      |            |          |        |
| Social Security No.  |   |             |                      |            |          |        |
| Date of Birth  |   |             |                      |            |          |        |
| Email Address  |   |             |                      |            |          |        |
| Cell Phone No.   |   |             |                      |            |          |        |
| Marital Status   | ☐ Married ☐ Separated ☐ Unmarried (Single, Divorced or Widowed) |             |                      |            |          |        |
| Are you Disabled?  |   |             |                      |            |          |        |
| Language Spoken:   | ☐English ☐S   | · —         | -                    |            |          |        |
| Dependents and others  | Full Name   |             |                      | D.O.B.     | <br>Male | Female |
| who reside with you in   | ruii Name   |             |                      | / /        |          |        |
| the home   |   |             |                      |            |          |        |
| (not listed by the Co-<br>Applicant):                              |   |             |                      | 1 1        | <u> </u> |        |
| 11 7   |   |             |                      | 1 1        |          | U      |
|  |   |             |                      | / /        |          |        |
| Section C. Co-Appl   | icant Informat  | ion         |                      |            |          |        |
|  |   |             |                      |            |          |        |
| Full Name  |   |             |                      |            |          |        |
| Social Security No.  |   |             |                      |            |          |        |
| Date of Birth  |   |             |                      |            |          |        |
| Email Address  |   |             |                      |            |          |        |
| Cell Phone No.   |   |             |                      |            |          |        |
| Marital Status   | ☐ Married ☐ Separated ☐ Unmarried (Single, Divorced or Widowed) |             |                      |            |          |        |
| Are you Disabled?  | □Yes □N   | o If yes, p | olease list/explain: |            |          |        |
| Language Spoken:   | □English □S   | panish 🖵    | Other:               |            |          |        |
|  | Full Name   |             |                      | D.O.B.     | Male     | Female |



| Dependents and other                             |                |          |                 |           |                  | 1 1       |                   |                    |
|--|----------------|----------|-----------------|-----------|------------------|-----------|-------------------|--------------------|
| who reside with you a the hom                    |                |          |                 |           |                  | 1 1       | $\overline{\Box}$ | $\overline{}$      |
| (not listed by th                                |                |          |                 |           |                  |           | _                 |                    |
| Applicant  | ):             |          |                 |           |                  | 1 1       | <u> </u>          |                    |
|  |                |          |                 |           |                  |           |                   |                    |
| Section D. Home                                  | Informati      | on       |                 |           |                  |           |                   |                    |
| Home Telephone No.                               |                |          |                 |           |                  |           |                   |                    |
| Home Address                                     |                |          |                 |           |                  |           |                   |                    |
| City   |                |          |                 |           |                  | Zip Co    | ode               |                    |
| Legal Owners<br>(Names on Deed)                  |                |          |                 |           |                  |           |                   |                    |
|  |                |          |                 |           | _                |           | Nu                | ımber              |
|  | Num<br>of Work |          |                 |           | mber<br>ng Areas |           |                   | Pets               |
|  | in Ho          |          |                 |           | Home             |           |                   | ing in the<br>lome |
| Year Built                                       | Garages        | #        | Bedroom         | #         | Bathroom         | #         | Dog               | s _#               |
| Year Purchased                                   | Carports       | #        | Kitchen         | #         | Office           | #         | Cat               | s#                 |
| Homeowner's<br>Insurance                         | Sheds          | #        | Dining Room     | #         | Den              | #         | Bird              | #<br>s             |
| Carrier  | Barn           | #        | Living Room     | #         | _                |           | Reptile           | #<br>*s            |
| Policy No.                                       | Other:         | #        | Family Room     | #         | Other:           | #         | Other             |                    |
| Are any of the pets in t                         | the home ac    | aressive | anticipated to  | have o    | r known to h     | ave       |                   |                    |
| difficulty with visitors                         | entering the   | home?    | ·               |           |                  |           | Yes               | □ No □             |
| Are any of the resident difficulty with visitors |                |          | ssive, anticipa | ted to ha | ave or knowr     | n to have | Yes               | □ No □             |
| Please indicate if                               |                |          |                 |           |                  |           |                   |                    |
| there are any known                              |                |          |                 |           |                  |           |                   |                    |
| code violations at                               |                |          |                 |           |                  |           |                   |                    |
| the home that have                               |                |          |                 |           |                  |           |                   |                    |
| not been addressed.                              |                |          |                 |           |                  |           |                   |                    |
|  |                |          |                 |           |                  |           |                   |                    |
|  |                |          |                 |           |                  |           |                   |                    |
| Duiafly describe the                             |                |          |                 |           |                  |           |                   |                    |
| Briefly describe the repair necessary and        |                |          |                 |           |                  |           |                   |                    |
| why you are asking                               |                |          |                 |           |                  |           |                   |                    |
| for Habitat for                                  |                |          |                 |           |                  |           |                   |                    |
| Humanity of Central                              |                |          |                 |           |                  |           |                   |                    |
| CT, Inc. to assist you with the repair.          |                |          |                 |           |                  |           |                   |                    |
| with the repair.                                 |                |          |                 |           |                  |           |                   |                    |
|  |                |          |                 |           |                  |           |                   |                    |
| Please list your                                 |                |          |                 |           |                  |           |                   |                    |
| TOD 2  |                |          |                 |           |                  |           |                   |                    |





| concerns. What                                  |   |                |  |  |  |  |
|---|---|----------------|--|--|--|--|
| would improve                                   |   |                |  |  |  |  |
| your safety,                                    |   |                |  |  |  |  |
| security, and/or                                |   |                |  |  |  |  |
| accessibility in                                |   |                |  |  |  |  |
| your home?                                      |   |                |  |  |  |  |
| (One of the three                               |   |                |  |  |  |  |
| will be selected)                               |   |                |  |  |  |  |
|   |   |                |  |  |  |  |
|   |   |                |  |  |  |  |
| Are there any specia                            | l instructions or information that the repair team should   | Yes No No      |  |  |  |  |
| know prior to entering                          |   | 163 🕳 110 🕳    |  |  |  |  |
| If so, please describe                          | e on back of this page.   |                |  |  |  |  |
| Section E. Partne                               | arehin  |                |  |  |  |  |
|   | <u> </u>  |                |  |  |  |  |
|   | r the Habitat for Humanity of North Central Connecticut, Inc.   |                |  |  |  |  |
|   | ou must be willing to complete a determined number of "swe<br>ers or friends can help you in accumulating sweat equity ho |                |  |  |  |  |
|   | c you letters, attending home owner classes, working in the f   |                |  |  |  |  |
| other approved activ                            |   | 1001010, 01    |  |  |  |  |
|   | ommodations can be made. Further information will be provided at  | a meeting with |  |  |  |  |
| the applicant.                                  |   |                |  |  |  |  |
| Are you willing to complete sweat equity hours? |   |                |  |  |  |  |
| Applicant                                       | 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 No      |  |  |  |  |
|   | Are you willing to participate in a home interview?   | Yes No No      |  |  |  |  |
|   | Are you willing to be present and provide access  | ies — No —     |  |  |  |  |
|   | to the home for a repair assessment?  | Yes No         |  |  |  |  |
|   |   |                |  |  |  |  |
|   | Are you willing to complete sweat equity hours?   | Yes No         |  |  |  |  |
| Co-Applicant                                    | 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 participate in a home interview?   | Yes No         |  |  |  |  |
|   |   | Yes No         |  |  |  |  |
|   | Are you willing to be present and provide access to the home for a repair assessment?                                     | Yes No         |  |  |  |  |
|   | to the nome for a repair assessment:  |                |  |  |  |  |
| Other Adults                                    | Are other adults (over age 18) residing in the household  | Yes No D       |  |  |  |  |
|   | willing to complete sweat equity hours?   | . 30 - 110 -   |  |  |  |  |
| Section F. Perso                                | nal 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.   |       |  |  |  |  |
|--|-------|--|--|--|--|
|  |       |  |  |  |  |
|  |       |  |  |  |  |
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|  |       |  |  |  |  |
| Section G. 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<br>Signature  | Date: |  |  |  |  |





| 4111         | for Humanity®<br>North Central Connecticut | Building More |
|--------------|--|---------------|
| 1. What is t | he homeowner's current or past occupation? |               |

- 2. Who lives in the home with the homeowner?
- 3. Does the homeowner have children or grandchildren living in the home with them?
- 4. What are the homeowner's hobbies/interests?
- 5. How long has the homeowner lived in the home?
- 6. What does the homeowner like about the neighborhood? Why do they stay there instead of moving?
- 7. What positive changes is the homeowner expecting once the repairs are complete?
- 8. How does the homeowner think they will feel once the repair is completed?
- 9. Does the homeowner feel comfortable sharing their story publically? Yes or No

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

- o On Camera
- Face to Face

What is the purpose of the interview?

To inspire others to ask for help. To show them there are resources to get the help they need to experience a better quality of life.