

A BRUSH WITH KINDNESS PROGRAM (ABWK) Phase I 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 Hartford Area Habitat for Humanity, 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 Hartford Area Habitat for Humanity, Inc.

The application materials, including requested documentation, will be reviewed by members of the Hartford Area Habitat for Humanity, Inc. Family Services and Construction departments. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.** If the material provided in the ABWK Phase I Application meets all Hartford Area Habitat for Humanity, 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 a ABWK Phase II Application and provide additional documentation.

If you have any questions, please contact Karraine Moody, Family Services Director, weekdays between 10:00 A.M. and 5:00 P.M. at the telephone number below or by email at karraine@hartfordhabitat.org

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

Section A. Documentation Requirements and Checklist

Applicant must own home in Hartford 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 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.]

Dear Applicant/Co-Applicant:

Please complete the next several sections to determine if you qualify for the Hartford Area Habitat for Humanity, 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, Hartford Area Habitat for Humanity, 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.

Section B. Applicant Information

Full Name				
Social Security No.				
Date of Birth				
Email Address				
Cell Phone No.				
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced or Widowed)			
Have you applied to Habitat for Humanity before? If so, when and what program?	<input type="checkbox"/> Yes <input type="checkbox"/> 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
		/ /	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	<input type="checkbox"/>	<input type="checkbox"/>

Section C. Co-Applicant Information

Full Name				
Social Security No.				
Date of Birth				
Email Address				
Cell Phone No.				
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced or Widowed)			
Have you applied to Habitat for Humanity before? If so, when and what program?	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: / /			
Dependents and others who reside with you at the home (not listed by the Applicant):	Full Name	D.O.B.	Male	Female
		/ /	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	<input type="checkbox"/>	<input type="checkbox"/>
		/ /	<input type="checkbox"/>	<input type="checkbox"/>

Section D. Home Information

Home Telephone No.								
Home Address								
Hartford 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	#				
<div style="display: flex; justify-content: space-between;"><div style="width: 30%;"><p>Please indicate if there are any known code violations at the home that have not been addressed.</p><p>Briefly describe the repairs necessary and why you are asking for Hartford Habitat for Humanity, Inc. to assist you with the repair.</p></div><div style="width: 65%;"><p>Are any of the pets in the home aggressive, anticipated to have or known to have difficulty with visitors entering the home? Yes <input type="checkbox"/> No <input type="checkbox"/></p><p>Are any of the residents in the home aggressive, anticipated to have or known to have difficulty with visitors entering the home? Yes <input type="checkbox"/> No <input type="checkbox"/></p><p>Would youth volunteers be welcomed as members of the repair team? Yes <input type="checkbox"/> No <input type="checkbox"/></p></div></div>								
<p>Are there any special instructions or information that the repair team should know prior to entering the home? If so, please describe below: Yes <input type="checkbox"/> No <input type="checkbox"/></p>								

Section E. Sweat Equity and Partnership

Your help in renovating your home and the homes of others is called sweat equity. To be considered for the Hartford Area Habitat for Humanity, 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 Hartford Area Habitat for Humanity, 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 <input type="checkbox"/> No <input type="checkbox"/>
Will you require reasonable accommodations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you willing to be a partner with Hartford Area Habitat for Humanity, Inc.?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 Hartford Area Habitat for Humanity, 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 ☐

Section F. Personal Statement

Please write
a brief explanation
of why you feel
you should be selected
for assistance under the
Hartford Habitat for
Humanity, Inc.
A Brush With Kindness program
and how it will help you.
If you need additional space,
use the back side of this page.

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 Hartford Area Habitat for Humanity, Inc. I understand that Hartford Area Habitat for Humanity, 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 Hartford Area Habitat for Humanity, Inc. staff or volunteers, are subject to verification.

Applicant's Signature

Date / /

Co-Applicant Signature

Date / /