



A Brush with Kindness

Mail or fax completed form to:
ABWK-Home Repair Program
724 Elm Street, Suite #103
West Bend, WI 53095
Phone/Fax: (262) 338-0690

SECTION 1- HOMEOWNER INFORMATION

Legal Name of Homeowner: \_\_\_\_\_ Age: \_\_\_\_\_
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
Zip: \_\_\_\_\_ County: \_\_\_\_\_ Neighborhood: \_\_\_\_\_
Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_
List the names, ages and relationship to the homeowner of all people living in the home: (attach a list if more space is needed)
Name/relationship: \_\_\_\_\_ Age: \_\_\_\_\_
Name/relationship: \_\_\_\_\_ Age: \_\_\_\_\_
Name/relationship: \_\_\_\_\_ Age: \_\_\_\_\_
Name/relationship: \_\_\_\_\_ Age: \_\_\_\_\_
Is anyone in the home disabled? Yes No
If yes, indicate the type of disability: \_\_\_\_\_
Is translation needed? YES NO If yes, what language: \_\_\_\_\_

SECTION 2- HOUSEHOLD INCOME AND MORTGAGE INFORMATION

The total, combined income before taxes for ALL persons living in the home is: \$\_\_\_\_\_ per year
You must attach verification of all HOUSEHOLD income for each adult in the house, unless a full time student (provide proof of registration) and/or benefits for children.
(For instance, the most recent income tax return, monthly social security statement, other retirement income statements, employment check stub and please note on attached statements if it represents annual, monthly, twice-monthly, bi-weekly or weekly income.)

Are you still making loan payments on your home? [ ] Yes [ ] No
If yes, what is your monthly payment? \$\_\_\_\_\_ / month
After paying your monthly bills (gas, electric, insurance, food, phone, medical, etc.), approximately how much money do you have left to spend on house repairs? \$\_\_\_\_\_ / month

SECTION 3- HOMEOWNER'S AGREEMENT

I certify that the information on this application is accurate and that I own the property at the address given on this application. I have no present intention to move or offer my home for sale for at least three years. I confirm that any physically able persons residing in my home or visiting for the project day(s) will work alongside the ABWK volunteers. I confirm that, except for the conditions listed above, my home is a safe place for volunteers.

To the extent permitted by law and without affecting the coverage provided by the required homeowners insurance, I agree to sign the release and waiver of liability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete the following if you are not the homeowner, but are assisting the homeowner in completing this application.

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_
Is the homeowner aware of this application? YES NO

SECTION 4- APPLICATION HISTORY

Have you applied to ABWK in the past? YES NO What years? \_\_\_\_\_
Has ABWK done work on your home in the past? YES NO What years? \_\_\_\_\_

**SECTION 5- SHARING YOUR PERSONAL INFORMATION**

If your application is a more appropriate fit with other, similar programs may we share it with them? YES NO

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

**SECTION 6- MEDIA AND PUBLICITY**

Where did you learn about **ABWK (A Brush With Kindness-Home Repair Program)**?

TV Radio Newspaper Flyer Friend Neighbor Neighborhood Organization

OTHER: \_\_\_\_\_ please describe

If **ABWK** selects your house to be repaired, pictures of you and your home may be taken. Are you willing to be interviewed by media reporters? May we bring elected officials to your home?

YES Interviews are okay

YES Visits by elected officials are okay

NO I do not want interviews

NO I do not want visits by elected officials

**SECTION 7- COMMUNITY INVOLVEMENT**

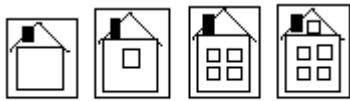
Are you a part or involved in any community groups (Ex: churches, community organizations, etc)? YES NO

If Yes, please list them: \_\_\_\_\_  
\_\_\_\_\_

**SECTION 8- HOUSE INFORMATION**

**HOUSE INFORMATION**

Place a large "X" over the house (below), which most resembles the size of your house.



1 story 1.5 story 2 story 2.5 story

Year Purchased: \_\_\_\_ Year Built: \_\_\_\_\_

Last Painted: \_\_\_\_\_ Square Feet: \_\_\_\_\_

Include current exterior picture of house

**House Exterior**

**Siding**

**Trim**

- wood
- brick
- shakes
- stucco
- painted stucco
- asbestos/slate
- aluminum
- vinyl
- wood
- vinyl
- metal

**Garage Exterior**

**Siding**

**Trim**

- wood
- brick
- shakes
- stucco
- painted stucco
- asbestos/slate
- aluminum
- vinyl
- wood
- vinyl
- metal

Repairs needed on the outside: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION 9- 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 ABWK. The work done by ABWK will focus on warmth, safety and independence. **Our volunteers are not professionals and may not be able to make all repairs.**

Area of Repair	Description
<p>Accessibility Modifications. Examples: wheelchair ramp, bathroom grab bars, accessible shower stall, etc.</p> <p>Would you like an assessment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Carpentry Repairs. Describe problems with doors, floors, porches, steps, walls, ceilings, etc. Indicate places in house needing repair.</p>	
<p>Electrical Repairs. List rooms where wall outlets, switches and light fixtures do not work.</p>	
<p>Plumbing Repairs. Describe sink, tub or toilet leaks, etc.</p>	
<p>Roofing Repairs. Identify where roof leaks.</p>	
<p>Painting. List all interior rooms that require painting and any exterior painting requirements.</p>	
<p>Appliances. Identify essential appliances such as stove, refrigerator or hot water heater that do not work or need repair.</p>	
<p>Doors and Windows. Describe repairs required, including locks, glass, frames, weather-stripping, etc.</p>	
<p>General Cleaning. Indicate if there is cleaning and/or trash removal required. Identify if yard work is necessary.</p>	
<p>Other. Identify other repairs requested but not listed above.</p>	

SECTION 10- PERSONAL STATEMENT

Please write a brief explanation of why you feel you should be selected and how it will help you:

SECTION 11- APPLICATION COMPLETION CHECKLIST

- Did you complete all 11 sections of this application?
- Did you sign the application? (SECTIONS 3 AND 11)**
- Did you enclose a copy of the deed on your home or other proof of ownership**, such as a property tax receipt? *All documents submitted must show the name and address of the applicant.*
- Do you currently have homeowner's insurance?  Yes  No
- Are you current on your homeowner's insurance premiums?  Yes  No
- Did you include a statement verifying income?** This statement can be a copy of one or more of the following: tax return, social security receipts, retirement pay receipts, or other documentation of household income. ***All adults, over the age of 18, must submit an income document (or prove current student status) showing name and address.***
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\_\_\_\_\_  
SIGNATURE OF HOMEOWNER

\_\_\_\_\_  
DATE