



Mail or fax completed form to:
ABWK-Home Repair Program
601 Schoenhaar Dr.
West Bend, WI 53090
Phone: (262) 338-0690 Fax: (262) 706-5523

Legal Name of Homeowner (s): _____ Age _____
_____ Age _____

Street Address: _____ City: _____ State: _____
Zip: _____ County: _____ Phone: (H) _____
(C) _____

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: _____
Are any of the home owner's seniors? Yes _____ No _____
Is anyone living in the home a veteran or active in the military? Yes _____ No _____
Is anyone in the home disabled? Yes _____ No _____
If yes, indicate the type (s) of disability: _____

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: _____ Amount: _____

The application will not be processed if you have a mortgage and this is left blank or \$0 is indicated.

SECTION 3- HOMEOWNER'S AGREEMENT

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

Name: _____ Phone number: _____ Relationship to Homeowner _____

Is the homeowner aware of this application? YES _____ NO _____

SECTION 4- APPLICATION HISTORY

Have you applied to ABWK in the past? YES _____ NO _____ If yes what year (s)? _____

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

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 official

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.

Mobile Home: _____ Condo: _____ Duplex: _____ Single Family: _____

Year Purchased: _____ Year Built: _____ Approximate Square Feet: _____

Briefly describe the type of work you would like done on your home (exterior and/or interior). The work done by ABWK will focus on you obtaining warmth, safety and independence. **Our volunteers are not professionals and may not be able to make all repairs:**

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.

SECTION 10- 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 (Please send copy of premium payment.)
- 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.***

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.

<input type="checkbox"/> _____	<input type="checkbox"/> _____
SIGNATURE OF HOMEOWNER	DATE
<input type="checkbox"/> _____	_____
SIGNATURE OF HOMEOWNER	DATE