

Mail or fax completed form to:

Habitat for Humanity of Mifflin County P.O. Box 1124 Lewistown, PA 17044

Ph. 717-247-8067

email: info@mifflinhabitat.org

A Brush with Kindness is a program of Habitat for Humanity of Mifflin County to complete exterior repairs for low-income homeowners who need assistance to do necessary work. Call **717-247-8067** with any questions.

SECTION 1 - Homeowner Information					
Legal Name of Homeowner:		Age:			
Home Address: City:		Zip:			
Email: County:					
Telephone Numbers:  C: Please include area code  W:	Number of Years at Address Name of Neighborhood:	ss:			
List the names, ages, and relationship to homeowner of all peop (attach a list if more space is needed):  Name/relationship: Name/relationship Name/relationship Name/relationship  Is anyone in your household a veteran? If so include supporting documentation.	Age: Age: Age: Age: Age: Name	_			
Is anyone in your household currently in the military?□ Yes					
SECTION 2 - Special Needs					
Is the homeowner or anyone in the home disabled? □Yes □ No  If yes, indicate type of disability below and <b>include doctor's note</b> (check all that apply, please describe if "other"): □Uses a Walker, Cane or Crutches □ Wheelchair Bound □ Blind □ Hearing Impaired □Loss of Limb □ Mentally Disabled □ Other: □					
	yes, what language:				
SECTION 3 - Media and Publicity					
•	ribe our home may be taken. Are y	-			

SECTION 4 - Personal Statement				
Please write a <i>brief</i> explanation of why you for	eel you should be selected	and how it will help you.		
SECTION 5 - House Information / Exter				
HOUSE INFORMATION	<u>House Exterior</u>	Garage Exterior		
Place a large "X" over the house (below), which most resembles the size of your house.    The problem of the size of your house of your house.	Siding Trim  wood wood brick vinyl shakes metal stucco painted stucco asbestos/slate aluminum vinyl  Repairs needed on exter	Siding Trim  wood wood brick vinyl shakes metal stucco painted stucco asbestos/slate aluminum vinyl		
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 A Brush with Kindness. The work done by A Brush with Kindness will focus on warmth, safety and independence. Our volunteers are not professionals and may not be able to make all repairs.  Please print				
Area of Repair		Description		
Accessibility Modifications. Examples: wheelchair ramp, etc.  Would you like an assessment?  Yes No		•		

Carpentry Repairs. Describe problems with doors, porches, steps, walls, etc. Indicate places outside house needing repair.	
Roofing Repairs. Identify where roof leaks.	
Painting. List any exterior painting requirements.	
Doors and Windows. Describe repairs required, including weather-stripping, etc.	
General Cleaning. Indicate if there is cleaning and/or trash removal required. Identify if yard work is necessary.	
Other. Identify other repairs requested but not listed above.	

SECTION 7 - Hor	neowner's Agreement	
on this application. Ih confirm that any physical alongside the <b>A Brush</b> restroom by the volunted place for volunteers. It few, if any, are skilled warranties, express or it.	ave no present intention to move of cally able persons residing in my howith Kindness (ABWK) volunted eer workers. I confirm that, except anderstand that the people who may in the building trades; and that Hab implied, regarding any materials use	e and that I own the property at the address given or offer my home for sale for at least three years. I ome or visiting for the project day(s) will work ers. I understand and agree to allow the use of my for the conditions listed above, my home is a safe y work on my house are unpaid volunteers; that bitat for Humanity of Northern Virginia makes no ed or work done by anyone at my house.  coverage provided by the required homeowners ity.
SIGNA	TURE OF HOMEOWNER	DATE
Complete the following i application.  Your name:	Your daytime phone number:	Is homeowner aware of this application?  Yes No
SECTION 8 - Che	 ecklist	u res u no
	all 11 sections of this application?	
☐ Did you enclose a	application? (SECTION 4 AND 6) a copy of the deed on your home or of the name	other proof of ownership, such as a property tax and address of the applicant.
☐ Do you currently h	nave homeowner's insurance? Please	provide documentation.   Yes No
☐ Are you current or	n your homeowner's insurance premiu	ıms? 🗖 Yes 📮 No
following: tax retu	arn, social security receipts, retirement <u>s</u> , over the age of 18, must submit an i	statement can be a copy of one or more of the pay receipts, or other documentation of household income document (or prove <u>current</u> student status)
☐ Did you include v	verification of your veteran or disab	led status?
SIGNATURE O	F HOMEOWNER	DATE