



Habitat for Humanity  
 of Ionia County  
 115 S. Depot St.  
 Ionia, MI 48846  
 616-523-6899



We are pledged to the letter and spirit of U.S. policy for achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

# Application for A Brush with Kindness

## 1. Applicant Information

Applicant			Co-applicant		
Applicant's name			Co-applicant's name		
Social Security Number	Home Phone	D.O.B	Social Security Number	Home Phone	D.O.B.
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)			<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Incl. single, divorced, widowed)		
Dependents and others who will live with you (not listed by co-applicant)			Dependents and others who will live with you (not listed by applicant)		
Name	Age	Male   Female	Name	Age	Male   Female
Present Address (street, city, state, zip code)   Own   Rent			Present Address (street, city, state, zip code)   Own   Rent		
Number of Years?			Number of Years ?		
If Living at Present Address for Less Than Two Years			If Living at Present Address for Less Than Two Years		
Last Address (street, city, state, zip code) Own Rent			Last Address (street, city, state, zip code) Own Rent		
Number of Years			Number of Years		

## 2. Mortgage Information

Are you making loan payments on your home? YES or NO

If yes, what is your monthly payment? \$\_\_\_\_\_per month. To Whom: \_\_\_\_\_

Are your loan payments current? YES or NO

Do you currently have homeowner's insurance? YES or NO

Insurance Carrier: \_\_\_\_\_

### 3. Willingness to Partner

To be considered for A Brush with Kindness, you and your family must be willing to complete 8 hours of "sweat equity" hours per adult over the age of 18. Your help in building your home and the homes of others is called "sweat equity" and may include clearing the lot, painting, helping with construction, working in the Habitat office or ReStore, attending homeownership classes or other approved activities.

I am willing to complete the required sweat equity hours:

	Applicant	_____Yes	_____No
	Co-Applicant	_____Yes	_____No

### 4. Requested Repairs

Please circle the types of repairs or modifications you are requesting for your home:

Painting	Patching	Minor repair Landscaping	Replacement of materials
Paint scraping	Caulking	Minor siding repair	Trim repair
Minor roof repair	Door replaceme	Clean-up brush	Junk removal

Other:

### 5. How will this project benefit you (and your family)?

### 6. Employment Information

Applicant	Co-applicant
Name and Address of Current Employer	Name and Address of Current Employer
Number of Years on this Job?	Number of Years on this Job?
Monthly (gross) Wages \$	Monthly (gross) Wages \$
Type of Business                      Business Phone	Type of Business                      Business Phone

If working at current job less than one year, complete the following information

Name and Address of Previous Employer	Name and Address of Previous Employer
Number of Years on this Job?	Number of Years on this Job?
Monthly (gross) Wages \$	Monthly (gross) Wages \$
Type of Business                      Business Phone	Type of Business                      Business Phone

### 7. Monthly Income and Combined Monthly Bills

Gross Monthly Income	Applicant	Co-Applicant	Others in Household
Base Employment Income	\$	\$	\$
AFDC/TANF			
Food Stamps			
Social Security			
SSI			
Disability			
Alimony			
Child Support			
Other			
Total			

Gross Monthly Bills	Applicant	Co-Applicant	Others in Household
Rent	\$	\$	\$
Utilities			
Car Payment			
Cable TV			
Child Care			
School Lunch			
Average Credit Card Payment			
Student Loans			
Alimony/Child Support			
Total			

<p>Self Employed applicant(s) may be required to provide additional documentation such as tax returns and financial statements.</p> <p>Please attach copies of last month's bills</p>	<p>List additional household members over 18 who receive income</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Age</th> <th style="text-align: left;">Monthly Wages</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Name	Age	Monthly Wages	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name	Age	Monthly Wages											
_____	_____	_____											
_____	_____	_____											
_____	_____	_____											

## 8. Assets

List checking and savings accounts below

Applicant		Co-applicant	
Name and Address of Bank, Savings, Loan or Credit Union		Name and Address of Bank, Savings, Loan or Credit Union	
Account #	Balance \$	Account #	Balance \$
Name and Address of Bank, Savings, Loan or Credit Union		Name and Address of Bank, Savings, Loan or Credit Union	
Account #	Balance \$	Account #	Balance \$
Name and Address of Bank, Savings, Loan or Credit Union		Name and Address of Bank, Savings, Loan or Credit Union	
Account #	Balance \$	Account #	Balance \$

## 9. Permission to Refer

If your needs can be met more appropriately by another program, may we share your application with them? (circle one)

YES      NO

Unless you give us permission to share your information with other organizations, your application will be kept confidential.

Please continue to next page to complete application with signature

## Applicant Agreement

I hereby authorize and instruct Habitat for Humanity of Ionia County (hereafter HFHIC) to obtain and review my credit report. My credit report will be obtained from a credit-reporting agency chosen by HFHIC. I understand and agree that HFHIC intends to use the credit report for the purpose of evaluating my financial readiness for A Brush with Kindness Repair services.

I understand that by filing this application, I am authorizing HFHIC to evaluate my need for critical home repairs, my ability to repay a no-interest loan, and my willingness to be a partner family. I understand that the evaluation will include a home assessment and income verification. I have answered all the questions on this application truthfully. I understand that if I have not answered questions truthfully, my application may be denied, and that even if I have already been selected to be eligible to receive A Brush with Kindness services, I may be disqualified from the program. The original or a copy of this application will be retained by HFHIC even if the application is not approved.

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

Send the completed application and supporting documents to:

Habitat for Humanity of Ionia County  
115 S Depot St.  
Ionia, MI 48846

Or email:  
information@ioniahabitat.org