



A Brush with Kindness Home Repair Program

Habitat for Humanity of Camden

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About the Program

A Brush with Kindness (ABWK) is a home repair ministry program offered through Habitat for Humanity of Camden County. ABWK helps to provide interior and/or exterior needed repairs, and home maintenance for low to moderate-income homeowners who reside within the Camden County service areas. ABWK assists homeowners who are unable to complete home repairs on their own due to age, finances, or disability. Volunteer teams work to improve the condition of homes by painting, landscaping and performing minor interior/exterior repairs. If selected, homeowners are required to participate in the project as they are physically able and volunteers in a cooperative effort – called sweat equity.

Multi-Step Application Process

1. Complete the application
2. Determine eligibility - If you are eligible for services, a home visit will be scheduled to determine any individual housing repairs needed.
3. Repair assessment - An in-depth evaluation of repair requests and costs will be conducted. Statement of Work will be prepared. **NOTE: It could be about 2-8 months before the home repair project is started.**
4. Repairs are done.
5. Post-Repair Survey conducted.

Selection Criteria

1. Need (Safe, Dry, Accessible, Compliant) including meeting our financial guidelines.
2. Willingness to partner with Habitat for Humanity of Camden County.

Program Eligibility

- Applicants must be homeowners and the home must be a primary residence.
- Household income cannot exceed 60% of Area Median Income (AMI) annually.
- Application must be filled out in entirety and provide proof of income and proof of homeownership.

1. Do you own the home that you are applying for home repair assistance?

Yes No

2. Is the home you are applying for assistance for your primary residence?

Yes No

3. Have you lived in the home for at least 1 year?

Yes No

4. Do you certify that you do not intend to sell this home within the next 3 years?

Yes No

Maximum Income Limits Per Family Size (based on HUD Guidelines)

1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
\$31,020	\$35,460	\$39,990	\$44,280	\$47,880	\$51,420	\$54,960	\$58,500

Homeowner Information Section

Homeowner First Name

Homeowner Last Name

Date of Birth
(month/date/year)

Street Address

City

County

Zip Code

Phone Number

Email

Gender Male Female

Year House was Built

Number of Years You
Have Lived In The Home

Marital Status

- Single Married Domestic Partner
 Separated Divorced Widowed

Race (applicant may select more than one racial designation):

- ____ Native American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
____ Black/African White Asian Other/Multi-Racial

Ethnicity

- ____ Hispanic or Latino Non-Hispanic or Latino
____ I do not wish to furnish this information.

Veteran Status

- I am a veteran I am a spouse of a veteran I am a widow/widower of a Veteran Not Applicable

PLEASE PROVIDE A COPY OF DD214 WITH YOUR APPLICATION IF APPLICABLE

Gas/Electric Provider: _____

Additional Needs

Is the homeowner or anyone in the home disabled? Yes No

If yes, indicate the type of disability below (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: _____

Is translation needed? Yes No If yes, what language: _____

Have you applied to **ABWK** in the past? → Yes - What year(s)? _____ → No

Has **ABWK** done work at your home in the past? → Yes - What Year(s)?

Additional Household Members Information

Homeowner Information Continued...

List the names, ages, and relationship to homeowner of all people living in the home (attach a sheet for additional names):

_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name (First and Last)	Relationship to homeowner	Date of Birth	Gender	Disabled	Veteran
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name (First and Last)	Relationship to homeowner	Date of Birth	Gender	Disabled	Veteran
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name (First and Last)	Relationship to homeowner	Date of Birth	Gender	Disabled	Veteran
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name (First and Last)	Relationship to homeowner	Date of Birth	Gender	Disabled	Veteran
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name (First and Last)	Relationship to homeowner	Date of Birth	Gender	Disabled	Veteran
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name (First and Last)	Relationship to homeowner	Date of Birth	Gender	Disabled	Veteran

Home Repair Need – Briefly Describe Your Top 3 Home Repair Needs

Homeowner Narrative – Is there anything else you would like us to know about yourself/your family's situation or home repair needs?

Household Income and Mortgage Information Section

You must provide verification of all household income for each adult in the house, unless a full-time student. You will need to provide copies of the following items:

- Your last 3 pay stubs or other proof of income
- Proof of child support and/or public assistance if you receive them
- Proof of homeownership (abstract, deed of trust or most recent property tax statement)
- Proof of current homeowner's insurance or letter/quote of intent to acquire insurance
- Copy of Driver's License

Monthly Income	Amount
Head of Household Net Income	\$
Spouse/Other Net Income	\$
Social Security/Disability Income	\$
Child Support/Alimony	\$
Other Income	\$
Total monthly income	\$
Monthly Expenses	Amount
Mortgage (including taxes)	\$
Homeowner's Insurance	\$
Groceries	\$
Medical (pharmacy/eye/dental/doctor)	\$
Auto	\$
Auto Gas	\$
Credit Cards/Loans	\$
Utilities	\$
Phone	\$
Cable/Internet	\$
Other	\$
Total monthly expenses	\$

How Did You Hear About the ABWK Program?

- Website → Friend or family member → Church → Code Enforcement Violation
 → Homeowners Association Violation → Veteran's Administration
 → Social Service Agency (i.e., senior services) → Other _____

Checklist

Did you complete all sections of this application?

→ Did you sign and date the application? **(bottom of last page)**

→ Do you currently have homeowner's insurance? → Yes → No

→ Are you current on your mortgage? → Yes → No → Not Applicable (mortgage paid in full)

→ Are you current on your property taxes? → Yes → No

→ **Did you include copies of: driver's license, recent tax return, social security receipts, retirement pay receipts, 1 month's bank statement, paystubs 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. All veterans must attach a copy of DD214.**

Privacy Statement and Notices

At Habitat for Humanity of Camden County, we are committed to keeping your information private. We recognize the importance applicants, program families, tenants, and homeowners place on the privacy and confidentiality of their information. While new technologies allow us to serve our customers more efficiently, we are committed to maintaining privacy standards that are synonymous with our established and trusted name.

When collecting, storing, and retrieving applicant, program family, tenant, and homeowner data – such as tax returns, pay stubs, credit reports, employment verifications and payment history – internal controls are maintained throughout the process to ensure security and confidentiality.

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications such as this one or other forms;
- Information about your transactions with us, our affiliates, or others; and
- Information we receive from a consumer reporting agency

For purposes of this application, we may disclose the following kinds of nonpublic personal information about you to our affiliates or companies we partner with that provide related services:

- Information we receive from you on applications or other forms, such as your name, address, social security number, assets, income, expenses, etc.
- Information about your transactions with us, our affiliates, or others, such as your loan balance, payment history, etc.
- Information we receive from a consumer reporting agency such as your creditworthiness and credit history

Habitat for Humanity of Camden County employees and volunteers are subject to a written policy regarding confidentiality and access to applicant data is restricted to staff and volunteers on an as-needed basis. Information is used for lawful business purposes and is never shared with third parties without your consent, except as permitted by law.

As permitted by law, we may disclose nonpublic personal information about you to the following types of third parties:

- Financial service providers, such as mortgage servicing agents;
- Related Nonprofit organizations or governments; and N/A [OTHER ENTITIES IF APPLICABLE].

We requested demographic information to monitor our compliance with the federal Equal Credit Opportunity Act, which prohibits unlawful discrimination. You are not required to provide this information. We will not take this information (or your decision not to provide this information) into account in connection with your application or credit transaction. The law provides that a creditor may not discriminate based on this information or based on whether you choose to provide it. If you choose not to provide the information, we may note it by visual observation or surname.

By signing and submitting this application you consent to the aforementioned sharing of your nonpublic personal information for the purpose stated above. If you prefer that we do not disclose non-public personal information about you to nonaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law). This may or may not affect any application you have submitted to Habitat for Humanity of Camden County. If you wish to opt out of disclosures to nonaffiliated third parties, you may call Habitat for Humanity of Camden County at 912-673-1266

Please sign and date below. NOTE: If you are not the homeowner but are assisting the homeowner in completing this application, by signing below you affirm that you have reviewed the application with the homeowner (including all Privacy and Disclosure provisions) and have their authorization to sign below.

Print Name	Date	Signature
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