

1401 Fairfax Trafficway, Suite 323D Kansas City, Kansas 66115 Tel: 913.342.3047 Fax: 913.342.4459 Web: www.heartlandhabitat.org Email: brenda@heartlandhabitat.org **Effective July 1, 2013 - new policy to include a Fee for Service!** NRI is intended to assist homeowners in need of home repairs. The service is intended at a nominal cost to homeowners and the work is performed by volunteers or in some cases contract trade professionals.

The homeowner's fee is as follows;

- Small Projects (estimated costs below \$1,000) = \$250 total fee
- Medium Projects (estimated costs between \$1,001 & \$1,500) = \$300 total fee
- Larger Projects (estimated costs in excess of \$1,501) = \$400 total fee

This fee is to be paid in full prior to start of the project!

# Application for the Minor Exterior Home Repair Program "A BRUSH WITH KINDNESS" IN CITY OF MISSION, KS

**Note:** By filling out this application you are not guaranteed to be selected for "A Brush With Kindness", but are simply entered into the pool of potential homeowners to receive help. (If more space is needed please use additional sheets).

#### To qualify for this program:

- 1. You must be the homeowner and reside at the residence in Johnson, Wyandotte and Leavenworth Counties in Kansas or Platte or Clay Counties in Missouri.
- 2. You must have homeowner's insurance.
- 3. Your mortgage & real estate taxes must be current.
- 4. Must complete this application and submit all required documentation listed below.
- 5. Must demonstrate a willingness to partner with HHFH by agreeing to pay all fees associated with the program prior to the beginning of the work and participating in the work in whatever way possible.
- 6. Must fulfill the Sweat Equity Requirement of at least ten (10) hours that includes attending an educational workshop provided by HHFH, you or anyone residing at the property can assist with the ABWK project completed at the property. *Reasonable accommodations will be made for individuals with disabilities.*

1. Owner(s) of the property:			
Name:			Age:
Name:			Age:
Primary Contact Phone No.:	Email:		
2. Property Address:			
City	State	Zip Code _	
<ul> <li>Additional information:</li> <li>How long have you owned your home:</li> <li>Total monthly household income: \$</li> <li>Are you:SingleWidowed</li> <li>Is anyone in the home disabled?Ye</li> </ul>	 Divorced		
<ul> <li>Is anyone in the home a Veteran?Ye</li> <li>Is anyone in the home currently serving</li> </ul>	es <u>No</u>	nry?YesN	0

Name(s), age, and relationship of residen		
Name:		Relationship:
Name:		Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
VETERANS	/MILITARY INFOR	RMATION ONLY
Branch of service: Air ForceA	rmy Coast Guard	MarinesNat'l GuardNavy
Veteran's Discharge Type:Honorab	leGeneral	Other than Honorable or General
Did Veteran serve on active duty for at lea	st 6 months? Yes	No
Is the homeowner family considered a Goo	d Star Family? Yes	No
lf you are a Veteran of the	e US Army a copy of you	ır DD214 Form will be required!
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of work.	eds to be done and any	additional information on that particular area
		additional information on that particular area
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#### The following documentation <u>MUST</u> accompany your application:

- Current proof of income.
- Current proof of homeowner's insurance.
- Current receipt for your real estate taxes.
- Copy of last year's income tax return or the attached non-filing form if you didn't file taxes
- Copy of your property deed <u>or</u> your mortgage invoice/statement
- Copy of your DD214 if you are a Veteran
- Copy of your military ID if you are currently on active duty or active reserve.

I, \_\_\_\_\_\_ certify that the information on this application is true and accurate and that I own the property at \_\_\_\_\_\_. I confirm that any physically able persons residing in my home or visiting on the project day will work alongside the "A BRUSH WITH KINDNESS" volunteers. I confirm that except for the conditions listed in this application, my home is a safe place for volunteers.

I understand that the people who may work on my house are unpaid volunteers; the few, if any, are skilled in the building trades and that a "A BRUSH WITH KINDNESS" MAKES NO WARRANTIES, EXPRESSED OR IMPLIED REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE. I hereby agree that I, my assignees, heirs, distributes, guardians, and legal representatives will not make a claim against, sue or attach the property of Heartland Habitat for Humanity or any affiliated organization(s) or the supplier(s) of any tools or equipment that I use in these activities, for injury or damage resulting from negligence or other acts, howsoever caused by an employee, agent, contractor of, or participation in Heartland Habitat for Humanity activities. I hereby release Heartland Habitat for Humanity and any of its affiliated organizations from all actions, claims or demands that I, my assignees, heirs, guardians, and legal representatives now have or may hereafter have for injury or damages resulting from my participating in any Heartland Habitat for Humanity activities.

SIGNATURE OF HOMEO	WNER		DATE
SIGNATURE OF HOMEO	WNER		DATE
FOR HE	ARTLAND HABIT	AT FOR HUMANITY USE ONLY—	DO NOT FILL THIS AREA!!
Date application received:	:	Construction Review:	Committee Review:
[ ] Approved	[ ] Denied	Funding Source:	



## **CERTIFICATION OF NON-FILING INCOME TAX STATUS**

I		did not file income tax returns for the
year 20	for the following reasons:	

### A full and complete explanation is required when making the above statement of not filing for the above tax years.

Applicant's Signature\_\_\_\_\_

If applicable, each applicant must file a separate non-filing status form