



Lake County, CA  
**Habitat**  
 for Humanity®

**Brush of Kindness  
 Home Repair Program  
 General Application and  
 Guidelines**

The Brush of Kindness program focuses on home repairs of the house interior and exterior for safety, accessibility, and livability. An assessment will be made of the home’s condition to determine which repairs are within the scope of the capabilities of Habitat for Humanity Lake County.

**General Guidelines**

1. The qualifying household must have owned and lived in their home for at least 3 years. Proof of ownership is required (property tax bill or recorded deed). Home must be on property owned by the homeowner. Homes within parks do not qualify at this time.
2. Household must qualify as low income as per the HUD guidelines (see table below).
3. Applicant must have limited assets, such as funds in bank accounts, money market funds, stock and bonds, personal property, etc.
4. **DUE TO THE REQUIREMENTS OF HABITAT’S FUNDING SOURCES, CLIENTS REQUIRING ROOF REPLACEMENT OR REPAIR OR AN OTHERWISE SIGNIFICANT AMOUNT OF WORK TO THE HOME MUST HAVE & MAINTAIN HOMEOWNER’S INSURANCE TO BE APPROVED, IF ALL OTHER QUALIFICATIONS AND CRITERIA ARE MET.**
5. Applicants who have received home repairs from Habitat Lake County within the past 5 years are ineligible for new repairs. *Some exceptions may apply.*
6. **Repayment as low as \$25 per month** for some portion of repair is expected upon completion of services. Amount due and amount of payment will be determined based on household income and work done to the home.
7. Households that desire this service must fill out the application **completely**, and provide all required verification documentation. A Release and Waiver of Liability form must be signed before the application can be processed and an inspection made. ***Applications that are incomplete or do not contain all necessary documentation will have the processing delayed.***
8. Manufactured and mobile homes built prior to 1980 do not qualify for this program. A document certifying the age of the home is required. *Some exceptions may apply.*
9. If an applicant passes the financial verification, a house visit will be made for the purpose of an assessment of the scope of the required repairs.
10. Once the type and amount of repair work is determined, if it is within the capabilities of Habitat for Humanity Lake County and if the funding is available, the organization will coordinate the necessary resources and schedule the repairs.

Income Requirements Home Repair Program	
Family Size	Maximum Income
1	\$33,720.00
2	\$38,550.00
3	\$43,350.00
4	\$48,180.00
5	\$52,020.00
6+	+\$4500 per person

**Office Address: 15312 Lakeshore Dr., Clearlake, CA 95422**  
**Mailing Address: PO Box 1830, Lower Lake, CA 95457**  
**707-994-1100**

If you believe you qualify per the above guidelines, please provide the following information.

Name:		Date:
Physical Address:		
Mailing Address (if different):		
Telephone:	Alt. Telephone:	
Email address:		
Date of Birth:		

Are you or any member of your current household a military veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, what branch did you serve? <b>Please provide proof of honorable discharge from service.</b>
Are you currently disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, is the disability service-related? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe the nature of your disability:

Is this home your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your home <input type="checkbox"/> Stick-Built <input type="checkbox"/> Mobile Home <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Other: _____		
How long have you:	Owned your home:	Lived in your home:
Year Built:	Number Bedrooms:	Bathrooms:
Approx. Square Footage:		Approx. Mortgage/Lien Balance(s):
Do you have:	Homeowner's insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Flood insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes to either, you must provide proof of all insurance.</b>		
Have you ever filed for bankruptcy? <b>If yes, please explain.</b>		
Do you file income taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please provide a copy of the most recent two years' income tax returns.</b>		
Please give a brief description of the repairs you believe are needed for your home (if selected, a detailed home inspection will determine the actual work to be completed). We will verify income and financial assets to determine eligibility for this program. Attach additional sheet(s) if needed.		

**Household Income Verification** (To be completed by head of household.)

Household Name(s)		Date		County
Address	City	State	Zip Code	Telephone

**Household Composition** List all occupants of the unit. Must list Self as Head of Household. State each household member’s relationship to the head of household by using one of the following coded definitions: **S-** Spouse, **A**–Adult co-habitant, **C**-Child, **F**-Foster Child/Adult, **O**-Other family member, **L**-Live-In Caretaker, **N**-None of the above. If there are more than 8 occupants, use an additional sheet to list the remaining household members and attach it to the certification.

Household Member Number	Last Name	First Name	Relationship to Head of Household	Date of Birth (MM/DD/YYYY)	Social Security or Alien Registration Number
1			Head		
2					
3					
4					
5					
6					
7					
8					

**Gross Monthly Income** Enter the **gross amount received per month**, for each income source by the household head and co-head. Complete a separate line for each income-earning household member. In the column to the left, list the respective household member number from the section above. Other income includes ALL sources of financial assistance such as loans, bill assistance from family, and gifts to pay monthly expenses. Please include **ALL** forms of income except food stamps.

Household Member Number	(A) Employment or Wages	(B) Social Security/ Pensions	(C) Public Assistance	(D) Other Income
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
<b>Total*</b>	\$	\$	\$	\$
* Add totals from (A) through (D) above. <b>Total Monthly Income:</b>				\$
<b>(E) Total Annual Income (Monthly Income x 12):</b>				\$

**Family Assets (Fill out completely: APPLICATIONS WILL NOT BE PROCESSED IF NOT COMPLETE)**

List all assets owned by all family members in the household. This includes, but is not limited to, the following: 1) vehicles (cars, motorcycles, boats, RV's etc.) **including the one you use for transportation**; 2) **ALL** bank accounts (checking and savings); 3) houses and property, **including the residence**; 4) stocks, bonds, IRA's and other investment accounts. Include any assets not mentioned below. If more space is needed, please attach a separate sheet of paper. **You must answer Yes or No to Every Question.**

Type of Asset (for all adults in household)	Yes	No	Owner of Asset	Cash Value of Asset	(F) Annual Income from Asset if any
Residence				\$	\$
Automobile				\$	\$
Boat				\$	\$
Motorcycle				\$	\$
Travel trailer/RV				\$	\$
Other real estate property ( <b>not your residence</b> )				\$	\$
Rental property				\$	\$
Checking Account(s)*				\$	\$
Savings Account(s)*				\$	\$
Stocks/Bonds*				\$	\$
Retirement Account(s)*				\$	\$
Investment/Brokerage Account(s)*				\$	\$
Cash				\$	\$
Other (please list)				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
			<b>Total Value of Assets</b>	\$	
<b>(F) Total Income from Assets:</b>					\$
<b>Total Annual Household Income (E) + (F)</b>					\$

**\* If you answered yes to any checking, savings, stocks, bonds, retirement, investment, or brokerage account, please provide three months of statements from each account at each and every financial institution. Full Bank and investment statements for all accounts, for each adult in the household, must be provided in order for the application to be accepted.**

**Household Monthly Budget:**

To better enable us to assist you, **you must complete the following monthly budget.** This information does not affect your eligibility for services.

MONTHLY EXPENSES			
Account	Applicant	Co-applicant	Total
Rent/Mortgage	\$	\$	\$
Utilities: Electricity	\$	\$	\$
Utilities :Propane/Kerosene	\$	\$	\$
Utilities: Water	\$	\$	\$
Utilities: Sewer	\$	\$	\$
Utilities: Garbage	\$	\$	\$
Utilities: Telephone	\$	\$	\$
Utilities: Other	\$	\$	\$
Home Owner's Insurance	\$	\$	\$
Child care	\$	\$	\$
Internet service	\$	\$	\$
Cell phone	\$	\$	\$
Business expenses	\$	\$	\$
Union dues	\$	\$	\$
Vehicle Payment	\$	\$	\$
Vehicle Insurance	\$	\$	\$
Alimony	\$	\$	\$
Child Support	\$	\$	\$
Credit Cards	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
<b>Total</b>	\$	\$	\$

**\*\*If there are additional adults in your household with any of the above expenses, information for their expenses must also be provided on a separate sheet of paper. All lines must be filled in.**

**\*\*If the applicant does not have a particular expense, please write N/A in the space provided.**

**\*\*If applicant has additional monthly expenses not listed above, please list those on another sheet.**

**\*\*If an expense is paid for by an individual other than the applicant, the expense paid must be included and it must be noted who pays that expense.**

**Conflict of Interest**

Is the applicant a staff member of Habitat for Humanity Lake County: \_\_\_\_\_  
 Is the applicant a family member of any employee of Habitat for Humanity Lake County: \_\_\_\_\_  
 If yes to either of the above, please explain the relationship: \_\_\_\_\_

**Ethnicity:**

(Your answer does not affect your eligibility for service and is for reporting purposes only)

- White
- Hispanic or Latino
- African American
- Native American
- Asian/Pacific Islander
- Other
- Decline to state

**How Did You Here About Us?**

- Word of Mouth
- Senior Organization
- Hispanic Organization
- Habitat Employee
- Veterans Organization
- Other (specify: \_\_\_\_\_)
- Social Services
- Church
- Educational Institution (specify: \_\_\_\_\_)
- Media (specify: \_\_\_\_\_)
- Flyer/Advertising

**Household Certifications and Signatures**

Each household head and co-head, if applicable, must sign and date this form.

The information on this form will be used to determine maximum income eligibility. I/we have provided for each person(s) set forth in the Household composition section acceptable current verification of anticipated annual income.

<b>Applicant</b> Printed Name:	<b>Co-Applicant</b> Printed Name:
Signature:	Signature:
Date:	Date:

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information will result in the disqualification and/or recovery of costs.

Please fill out the entire application, include all required documentation, and return it to our office at:

**Office Address: 15312 Lakeshore Dr., Clearlake, CA 95422**  
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**Brush of Kindness  
Home Repair Program**

**RELEASE AND WAIVER OF LIABILITY**

Home Repair Program of Habitat for Humanity Lake County, CA. Habitat for Humanity Lake County, Inc. (“Habitat”) and the undersigned (the “Homeowner”), want to work together on a Home Repair activity. Because Habitat is a non-profit corporation, it needs to limit its exposure to potential liability wherever reasonable and proper. In that regard, Habitat requires that homeowners execute a Release and Waiver of Liability. To that end, Habitat and the homeowner enter this Release and Waiver of Liability knowingly and voluntarily. Habitat and the Volunteer understand that there is a risk of injury or harm to the homeowners and any residents or visitors coming into contact with Home Repair Program activities. Therefore, the homeowner expressly agrees to assume such risk and forever release and hold Habitat harmless for any and all liability, claims and demands (legal and equitable) for injury, illness, death or property damage resulting from staff or volunteer’s work for Habitat. This waiver is intended to waive fully, for the benefit of Habitat for Humanity Lake County, any rights and/or claims, which might rise to a right of subrogation.

In consideration of the opportunity afforded me to participate in the Home Repair Program, and receiving assistance on the maintenance of my property, and in the light of the aims and purposes of the community service provided by Habitat for Humanity Lake County for working on my home, I hereby waive any right or cause of action arising as a result of my participation in said program from which any liability may or could accrue against Habitat for Humanity Lake County.

I also, as a homeowner, do grant and convey to Habitat for Humanity/Home Repair, all right, title, and interest in any and all photographic images, video and audio recordings of me and my property made during work on my home for promotional purposes, including, but not limited to, any royalties, proceeds, or benefits derived from such photographs or recordings.

Habitat and the Homeowner intend this Release and Waiver of Liability to be a legal document construed as broadly and inclusively permitted by the laws of the State of California.

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Homeowner Name (please print)	Signature	Date
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Homeowner Name (please print)	Signature	Date
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**Brush of Kindness  
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**REQUIRED DOCUMENTS LIST**

All documents **MUST** be turned for all household members over 18 in with the signed application in order for it to be considered.

Name of Applicant(s)				
Documents – To be provided by homeowner before qualifying for repairs.			Needed	Date Received
Picture ID required; Driver's License or California ID				
Income Documentation Required from Income Verification Form for Each Adult in Home				
a.	Income from employment (2 months of current pay stubs or most recent W-2)			
b.				
c.	SSI			
d.	SSD			
e.	SSA			
f.	AFDC			
g.	Child Support			
h.	Other Aid/Income (Cash or Other, including assistance from family) Explain and provide evidence:			
Tax Returns and W-2 for Past 2 Years. If none filed, state NONE. (Internal Revenue Service: 800-829-1040)				
Proof of Homeownership (Property Tax Bill will suffice). This document must include the property owner's name and the physical address of the residence.				
Copy of most recent 2 months' mortgage statements that indicate amount(s) paid and balance(s) owed. If no mortgage on property, state NONE.				
Proof of flood insurance and homeowners insurance, if insured. If no insurance, state NONE				
Proof of any existing liens existing on the property, amount(s) owed, and proof of payments being made. If none, state NONE.				
Copy of Most Recent Bank Statements for Applicants and Co-Applicants for the past 3 months. If no bank accounts, state NONE				
Proof of Assets: Statements from Stocks, Bonds, Income Property, Real Estate deeds, Bank Accounts, and other Investment and Retirement Accounts <b>MUST</b> be included.				
Copies of titles for all vehicles owned by applicant or other members of household.				
For mobile and manufactured homes, copy of state or county registration showing year of manufacture.				
Electricity, Propane/Natural Gas and Water Bills for 3 months				

**Applications must be filled out in detail and signed. Income for all adults over 18 years of age must be verifiable. A home visit is mandatory if the application is accepted.**

**All requested documentation for each adult over 18 years of age must be provided in order for the application to be considered. Failure to provide all necessary documentation will result in delayed processing or disqualification.**

**Reviewed as complete by:** \_\_\_\_\_ **Date:** \_\_\_\_\_