



Habitat for Humanity of Ionia Count  
3192 Commerce Ln, Suite C3  
Ionia, MI 48846  
616-523-6899



We are pledged to the letter and spirit of U.S. policy of achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative action 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) |            |        |      |        |
| <b>Dependents</b> and others who will live with you (not listed by co-applicant)   |                     | <b>Dependents</b> 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 ?  |            |        |      |        |
| <b>If Living at Present Address for Less Than Two Years</b>  |                     |   | <b>If Living at Present Address for Less Than Two Years</b>  |            |        |      |        |
| 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:

- Yard/Brush cleanup
- Wheelchair ramp
- Painting/patching
- Handrails
- Minor exterior repairs

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   | 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           |

### 7. Monthly Income and Combined Monthly Bills

| <b>Gross Monthly Income</b>  | <b>Applicant</b>   | <b>Co-Applicant</b> | <b>Others in Household</b> |
|--|--|---------------------|----------------------------|
| Base Employment Income   | \$   | \$                  | \$                         |
| AFDC/TANF  |  |                     |                            |
| Food Stamps  |  |                     |                            |
| Social Security  |  |                     |                            |
| SSI  |  |                     |                            |
| Disability   |  |                     |                            |
| Alimony  |  |                     |                            |
| Child Support  |  |                     |                            |
| Other  |  |                     |                            |
| Total  |  |                     |                            |
| <b>Gross Monthly Bills</b>   | <b>Applicant</b>   | <b>Co-Applicant</b> | <b>Others in Household</b> |
| Rent   | \$   | \$                  | \$                         |
| Utilities  |  |                     |                            |
| Car Payment  |  |                     |                            |
| Cable TV   |  |                     |                            |
| Child Care   |  |                     |                            |
| School Lunch   |  |                     |                            |
| Average Credit Card Payment  |  |                     |                            |
| Student Loans  |  |                     |                            |
| Alimony/Child Support  |  |                     |                            |
| Total  |  |                     |                            |
| Self Employed applicant's) may be required to provide additional documentation such as tax returns and financial statements. | List additional household members over 18 who receive income |                     |                            |
| Please attach copies of last month's bills   | Name   | Age                 | Monthly Wages              |
|  |  |                     |                            |
|  |  |                     |                            |
|  |  |                     |                            |

### 8. Assets

**List checking and savings accounts below**

| <b>Applicant</b>  | <b>Co-applicant</b>                                     |
|---|---|
| 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 |            |           |            |
| Account #   | Balance \$ | Account # | Balance \$ |
| 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)

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**Applicant Signature**

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YES

NO

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Date

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

Co-Applicant Signature

Date

**Send the completed application and supporting documents to:**

**Habitat for Humanity of Ionia County  
3192 Commerce Ln, Suite C3  
Ionia, MI 48846**

Or email:  
[smoore@ioniahabitat.org](mailto:smoore@ioniahabitat.org)