Golden Crescent Habitat for Humanity®

361-573-2511
4103 N. Navarro, Ste 200
Victoria, Texas 77901
GoldenCrescentHabitat.org

A Brush with Kindness Application

Golden Crescent Habitat for Humanity offers home maintenance help, performing exterior projects for eligible families, through our A Brush With Kindness program. This application must be completed to determine if you qualify for our ABWK program. Please fill out the application as completely as possible and accurately as possible. All information you include on this application will be kept confidential.

We are pledged to the letter and spirit of U.S. policy for the 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.

Homeowner Information		
Homeowner's Legal Name		Cell Phone
Home Address		Home Phone
City	State	Work Phone
Zip	County	Birth Date
Number of Years at Address	Occupation: Email:	
Veteran Status: ☐Active ☐Retired ☐Reserve		

Household Resident Information				
Full Name	Relationship to Homeowner	Birth Date *mm/dd/yyyy*	Disabled? *YES*	*NO*
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Financial Information		
Total monthly income before taxes for the **homeowner** (please make sure income reflects income listed on the documents provided):$		
Are you still making loan payments on your home? *Mark one*	☐ Yes	☐ No
Do you have homeowner's insurance? *Mark one* *If yes please provide proof AMOUNT RECEIVED:$*	☐ Yes	☐ No
FEMA:		
Have you applied for FEMA Disaster Relief Assistance? *Mark one*	☐ Yes	☐ No
Were you awarded FEMA Disaster Relief Assistance? *Mark one* *If yes please state how much* $	☐ Yes	☐ No

Requested Repairs	
Please provide a detailed description of requested repairs. In the left-hand column, label each in order of importance, with 1 being the most important.	

Homeowner's Agreement

I understand that by filing this application, I am authorizing GCHFH to evaluate my actual need for home repair assistance, and my willingness to be a partner family. I understand that the evaluation will include personal visits. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied, even if I have already been selected to receive repairs. The original or a copy of this application will be retained by GCHFH even if the application is not approved.

I understand that if I am selected to be a part of Golden Crescent Habitat's ABWK program I will be required to partake in the sweat equity program and will be subject to the terms of a Golden Crescent Habitat for Humanity family partnership. I also understand that if I am selected to be a part of GCHFH's ABWK program I will be required to pay a program fee which must be paid within 60 days of acceptance.

_____

Homeowner's Signature Date

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Application Checklist	
Please check off each item you've included. If not applicable write N/A.	
	Completed application
	Verification of all homeowner income
	Deed of home or other proof of homeownership and proof of homeowner insurance
	Legible copy of government-issued photo ID, showing name, address, date of birth

14. INFORMATION FOR GOVERNMENT MONITORING PURPOSES

PLEASE READ THIS STATEMENT BEFORE COMPLETING THE BOX BELOW: We are requesting the following 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 or not you choose to provide It. If you choose not to provide the Information, we may note It by vlsual observatlon or surname.

Applicant	Co-applicant
I do not wish to furnish this Information	I do not wish to furnish this Information
Race: (applicant may select more than one racial designation): ☐ American Indian or Alaska Native ☐ Native Hawaiian or other Pacific Islander ☐ Black/African-American ☐ White ☐ Asian	**Race** (applicant may select more than one racial designation): ☐ American Indian or Alaska Native ☐ Native Hawaiian or other Pacific Islander ☐ Black/African-American ☐ White ☐ Asian
Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino	**Ethnicity:** ☐ Hispanic or Latino ☐ Non-Hispanic or Latino
Sex: ☐ Female ☐ Male	Sex: ☐ Female ☐ Male
Birthdate: mm/dd/yyyy	**Birthdate: mm/dd/yyyy**
Marital status: ☐ Married ☐ Separated ☐ Unmarried (single, divorced, widowed)	**Marital status:** ☐ Married ☐ Separated ☐ Unmarried (single, divorced, widowed)

To be completed only by the person conducting the interview	
This application was taken by: ☐ Face-to-face interview ☐ By mail ☐ By telephone	Interviewer's name (print or type)
	Interviewer's signature Date
	Interviewer's phone number