



Habitat for Humanity of Laramie County, Inc.

1805 Ames Ave.  
 Cheyenne, WY 82001  
 307-637-8067

# Application for “A Brush With Kindness” Program

(Exterior Home Repairs for the Homeowner)

1. APPLICANT INFORMATION											
APPLICANT						CO-APPLICANT					
Applicant's Name						Co-Applicant's Name					
Social Security Number		Home Phone		Age		Social Security Number		Home Phone		Age	
<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)					
Dependents and others who will live with you (not listed by co-applicant)						Dependents and others who will live with you (not listed by co-applicant)					
Name		Age	Male	Female		Name		Age	Male	Female	
_____		_____	<input type="checkbox"/>	<input type="checkbox"/>		_____		_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____		_____	<input type="checkbox"/>	<input type="checkbox"/>		_____		_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____		_____	<input type="checkbox"/>	<input type="checkbox"/>		_____		_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____		_____	<input type="checkbox"/>	<input type="checkbox"/>		_____		_____	<input type="checkbox"/>	<input type="checkbox"/>	
_____		_____	<input type="checkbox"/>	<input type="checkbox"/>		_____		_____	<input type="checkbox"/>	<input type="checkbox"/>	
Present Address (street, city, state, ZIP code)						Present Address (street, city, state, ZIP code)					
Number of years _____						Number of years _____					
If living at present address for less than two years, complete the following											
Previous address (street, city, state, code)						Previous address (street, city, state, ZIP code)					
Number of years _____						Number of years _____					

**2. FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE**

Date received: \_\_\_\_\_ Date of selection committee approval: \_\_\_\_\_  
 Date of notice of incomplete application letter: \_\_\_\_\_ Date of board approval: \_\_\_\_\_  
 Date of adverse action letter: \_\_\_\_\_ Date of partnership agreement: \_\_\_\_\_

**3. WILLINGNESS TO PARTNER**

To be considered for Habitat "A Brush With Kindness" program, you and your family must be willing to complete a certain number of "sweat equity" hours. Your help in repairing and restoring your home is called "sweat equity" and may include landscaping, painting, helping with repairs, working in the Habitat office, serving beverages to the volunteers or other approved activities.

I AM WILLING TO COMPLETE THE REQUIRED SWEAT EQUITY HOURS: Applicant \_\_\_\_\_  
 Co-Applicant \_\_\_\_\_

In this space, describe the condition of the house where you live and what improvements you would like to see happen.

**4. SPECIAL NEEDS**

Does anyone in the home have special needs or limitations that would prevent them from making the home repairs on their own?  
 If yes, please describe in your own words.

**5. PROPERTY INFORMATION**

What is your monthly mortgage payment? \$ \_\_\_\_\_/month Unpaid balance \$ \_\_\_\_\_

Do you own land?  No  Yes Monthly payment \$ \_\_\_\_\_/month Unpaid balance \$ \_\_\_\_\_

**6. EMPLOYMENT INFORMATION**

<b>Applicant</b>		<b>Co-Applicant</b>	
Name and address of <b>current</b> employer	Years on this job	Name and address of <b>current</b> employer	Years on this job
	Monthly (gross) wages \$		Monthly (gross) wages \$
Type of business	Business phone	Type of business	Business phone
<b>If working at current job less than one year, complete the following information</b>			
Name and address of <b>previous</b>	Months on this job	Name and address of <b>previous</b>	Months on this job



9. DEBT (To Whom do you and the co-applicant owe money?)						
Account	Applicant			Co-Applicant		
	Monthly Payment	Unpaid Balance	Months left to pay	Monthly Payment	Unpaid Balance	Months left to pay
Other motor vehicle	\$	\$		\$	\$	
Boat	\$	\$		\$	\$	
Furniture, appliance, tvs (includes rent-to-own)	\$	\$		\$	\$	
Alimony	\$	\$		\$	\$	
Child Support	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Credit Card	\$	\$		\$	\$	
Total Medical	\$	\$		\$	\$	
Other	\$	\$		\$	\$	
Other	\$	\$		\$	\$	

10. MONTHLY EXPENSES			
Account	Applicant	Co-Applicant	Total
Rent	\$	\$	\$
Utilities	\$	\$	\$
Insurance	\$	\$	\$
Child Care	\$	\$	\$
Internet Service	\$	\$	\$
Cell phone	\$	\$	\$
Land Line	\$	\$	\$
Business Expenses	\$	\$	\$
Union Dues	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
Other	\$	\$	\$
<b>Total</b>	\$	\$	\$

11. DECLARATIONS				
Please circle the word that best answers the following questions for you and the co-applicant.				
	Applicant		Co-Applicant	
a. Do you have any outstanding judgments because of a court decision against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have you been declared bankrupt within the past seven years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Have you had property foreclosed on in the past seven years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are you currently involved in a lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

e. Are you paying alimony or child support	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Are you a U.S. citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered <b>"yes"</b> to any question a through e, or <b>"no"</b> to question f, please explain on a separate piece of paper.		

**12. AUTHORIZATION AND RELEASE**

I understand that by filing this application, I am authorizing Habitat for Humanity of Laramie County, Inc. to evaluate my actual need for the Habitat "A Brush With Kindness" program, and my willingness to be a partner through sweat equity. I understand that the evaluation will include personal visits, a credit check and employment verification. 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, and that even if I have already been selected to participate in the ABWK program, I may be disqualified from the program. The original or a copy of this application will be retained by Habitat for Humanity of Laramie County, Inc. even if the application is not approved.

I also understand that Habitat for Humanity of Laramie County, Inc. screens all applicant families on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

Applicant signature	Date	Co-Applicant signature	Date
X_____		X_____	

**PLEASE NOTE:** If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for applicant or "C" for co-applicant.