



Date of submission: _____

Application for Rockland Habitat for Humanity A Brush with Kindness and Critical Care Home Repair Programs

Part 1

Dear Applicant: Please fill out this application as completely as possible.

If you need extra room to clarify, or fill any missing information in, please attach a separate sheet.

We will use this application to help determine if you qualify for the Habitat for Humanity *A Brush With Kindness* Program.

All information will remain confidential.

Have you ever applied to Habitat for Humanity? _____

If yes, when? _____

Have you ever applied for FEMA? _____

If yes, when? _____

Do you need a translation? _____

If so, what language? _____

1: Applicant Information

Applicant

Name _____

Date of Birth _____

Social Security # _____

E-mail address _____

Cell Ph. _____

Work Ph. _____

Co-Applicant_(spouse/co-owner)

Name _____

Date of Birth _____

Social Security # _____

E-mail address _____

Cell ph. _____

Work Ph. _____

2: Household Information

Address: _____

City: _____ Zip Code: _____

Home Telephone Number: _____

Years at Address _____

Do you have pets? _____

If yes, what kind and how many? _____

Names, ages and relationship to homeowner of all people living in the home:

please include the monthly income of all persons over the age of 21

Name	Relationship	Age	Monthly Income

Total: \$ _____

3: Requested Repairs

Briefly describe all the work you would like done on your home. Attach a separate piece of paper if there is not enough space to list all repairs. Remember that the items you list will be considered for repair, but the final decision on what work can be done will be made by the staff of RHFH.

The work done will focus on warmth, safety and independence.

Our volunteers are not professionals and may not be able to make all repairs.

Area that needs repair

Work you wish to have completed by Habitat

Area that needs repair	Work you wish to have completed by Habitat

MONTHLY EXPENSES: APPLICANT (NOTE: DOCUMENTATION MUST BE PROVIDED FOR MONTHLY EXPENSES)

Auto Loan.....	\$	Electricity.....	\$
Auto Insurance.....	\$	Gas.....	\$
Gasoline.....	\$	Water.....	\$
Medical(copays/medication)..	\$	Homeowner Insurance....	\$
Food.....	\$	Property Tax.....	\$
Child Support.....	\$	Other.....	\$

MONTHLY EXPENSES: CO-APPLICANT (NOTE: DOCUMENTATION MUST BE PROVIDED FOR MONTHLY EXPENSES)

Auto Loan.....	\$	Electricity.....	\$
Auto Insurance.....	\$	Gas.....	\$
Gasoline.....	\$	Water.....	\$
Medical(copays/medication)..	\$	Homeowner Insurance....	\$
Food.....	\$	Property Tax.....	\$
Child Support.....	\$	Other.....	\$

MONTHLY EXPENSES: OVER 21 RESIDENT(NOTE: DOCUMENTATION MUST BE PROVIDED FOR MONTHLY EXPENSES)

Auto Loan.....	\$	Electricity.....	\$
Auto Insurance.....	\$	Gas.....	\$
Gasoline.....	\$	Water.....	\$
Medical(copays/medication)..	\$	Homeowner Insurance....	\$
Food.....	\$	Property Tax.....	\$
Child Support.....	\$	Other.....	\$

MONTHLY EXPENSES: OVER 21 RESIDENT(NOTE: DOCUMENTATION MUST BE PROVIDED FOR MONTHLY EXPENSES)

Auto Loan.....	\$	Electricity.....	\$
Auto Insurance.....	\$	Gas.....	\$
Gasoline.....	\$	Water.....	\$
Medical(copays/medication)..	\$	Homeowner Insurance....	\$
Food.....	\$	Property Tax.....	\$
Child Support.....	\$	Other.....	\$

Date of Part 1 completion: _____

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Part 2

6: Household Income Information

MONTHLY INCOME: APPLICANT

NOTE: BENEFITS RECEIVED ON BEHALF OF A MINOR CHILD COUNT AS APPLICANT INCOME

EMPLOYMENT	\$	SSI	\$
FOOD STAMPS	\$	SOCIAL SECURITY	\$
SSDI	\$	PENSION/RETIREMENT	\$
CHILD SUPPORT	\$	OTHER	\$

MONTHLY INCOME: CO-APPLICANT

NOTE: BENEFITS RECEIVED ON BEHALF OF A MINOR CHILD COUNT AS APPLICANT INCOME

EMPLOYMENT	\$	SSI	\$
FOOD STAMPS	\$	SOCIAL SECURITY	\$
SSDI	\$	PENSION/RETIREMENT	\$
CHILD SUPPORT	\$	OTHER	\$

MONTHLY INCOME: OVER 21 RESIDENT

NOTE: BENEFITS RECEIVED ON BEHALF OF A MINOR CHILD COUNT AS APPLICANT INCOME

EMPLOYMENT	\$	SSI	\$
FOOD STAMPS	\$	SOCIAL SECURITY	\$
SSDI	\$	PENSION/RETIREMENT	\$
CHILD SUPPORT	\$	OTHER	\$

MONTHLY INCOME: OVER 21 RESIDENT

NOTE: BENEFITS RECEIVED ON BEHALF OF A MINOR CHILD COUNT AS APPLICANT INCOME

EMPLOYMENT	\$	SSI	\$
FOOD STAMPS	\$	SOCIAL SECURITY	\$
SSDI	\$	PENSION/RETIREMENT	\$
CHILD SUPPORT	\$	OTHER	\$

7: Employment Information

Name: _____

Circle one: Applicant Co-Applicant Over 21 resident

Name of Company: _____

Date Started: _____

Job Title: _____

Supervisors Name: _____

Base Pay: \$ _____

Please Circle:

Per: Hour Week Every two weeks Twice a month Monthly

Frequency of pay: Weekly Every two weeks Twice a month Monthly

Do you work year round? Yes No

If no, please explain: _____

Name: _____

Circle one: Applicant Co-Applicant Over 21 resident

Name of Company: _____

Date Started: _____

Job Title: _____

Supervisors Name: _____

Base Pay: \$ _____

Please Circle:

Per: Hour Week Every two weeks Twice a month Monthly

Frequency of pay: Weekly Every two weeks Twice a month Monthly

Do you work year round? Yes No

If no, please explain: _____

Name: _____

Circle one: Applicant Co-Applicant Over 21 resident

Name of Company: _____

Date Started: _____

Job Title: _____

Supervisors Name: _____

Base Pay: \$ _____

Please Circle:

Per: Hour Week Every two weeks Twice a month Monthly

Frequency of pay: Weekly Every two weeks Twice a month Monthly

Do you work year round? Yes No

If no, please explain: _____

Name: _____

Circle one: Applicant Co-Applicant Over 21 resident

Name of Company: _____

Date Started: _____

Job Title: _____

Supervisors Name: _____

Base Pay: \$ _____

Please Circle:

Per: Hour Week Every two weeks Twice a month Monthly

Frequency of pay: Weekly Every two weeks Twice a month Monthly

Do you work year round? Yes No

If no, please explain: _____

10: Permission to Refer

If your needs can be met more appropriately by another program or organization, may we share your application with them?

Circle one: YES NO

Unless we have your explicit permission above, your application is a confidential document and will be used solely to evaluate the acceptability of your home for repairs and refurbishment by Rockland Habitat for Humanity.

Thank you for applying to
Habitat for Humanity of Rockland County's
A Brush With Kindness Program

Our team will review your application and contact you as soon as possible!



Please send your application to

P.O. Box 329

Spring Valley, New York 10977