



A Brush with Kindness & Critical Repair Application

103 W. Jefferson, Bloomington, IL 61701 | 309.827.3931



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.

Do you live in McLean County, IL? _____
Do you own a mobile-home _____

Do you own your home? _____
Do you have home insurance? _____

Applicant Name _____
Address _____

Social Security Number ____ - ____ - ____
Date of Birth __/__/____
Marital Status:
 single married separated widowed
Phone Number
 (home) _____
 (cell) _____
Monthly income \$ _____
Email address _____

Co-Applicant
Name _____
Address _____

Social Security Number ____ - ____ - ____
Date of Birth __/__/____
Marital Status:
 single married separated widowed
Phone Number
 (home) _____
 (cell) _____
Monthly income \$ _____
Email address _____

All Members Living in Household	
Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____

Improvements Requested:

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Date Application Received __/__/____ Date of Project Review __/__/____
Accepted Denied

Applicant Employment Information*

Employer _____
 Employer _____
 Employer _____
 Type of Business _____
 Years at this Job _____
 Monthly Wages (gross) \$ _____

Co-Applicant Employment Information*

Employer _____
 Employer _____
 Employer _____
 Type of Business _____
 Years at this Job _____
 Monthly Wages (gross) \$ _____

Applicant Assets *

Name of Bank/Savings and Loan/Credit Union:

Address: _____

Balance: \$ _____

Co-Applicant Assets*

Name of Bank/Savings and Loan/Credit Union:

Address: _____

Balance: \$ _____

Applicant Monthly Income*

Wages \$ _____
 Food Stamps \$ _____
 Social Security \$ _____
 SSI \$ _____
 Disability \$ _____
 Alimony \$ _____
 Child Support \$ _____
 Other \$ _____
 Total \$ _____

Co-Applicant Monthly Income*

Wages \$ _____
 Food Stamps \$ _____
 Social Security \$ _____
 SSI \$ _____
 Disability \$ _____
 Alimony \$ _____
 Child Support \$ _____
 Other \$ _____
 Total \$ _____

Combined Monthly Bills*	Amount per month (\$)
Mortgage	
Utilities (gas, electric, water)	
Phone/Internet/TV	
Car Payment	
Car Insurance	
Child Care	
Food	
Student Loans	
Medical Expenses and Medical Insurance	
Alimony/Child Support	
Average Credit Card Payment	
TOTAL	

I understand that by filing this application, I am authorizing Habitat for Humanity to evaluate my need for a Habitat home improvement project and my ability to pay the no-interest loan. I understand that the evaluation will include a personal visit to assess the project, a credit check, and employment verification. I have answered all application questions 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 receive a Habitat home improvement, I may be disqualified from the program. I also understand that Habitat for Humanity screens all potential applicant families on the sex offender registry, and that by completing this application, I am submitting myself and all persons listed to a criminal background check and credit report check. All information will remain confidential and only used for purposes of establishing program eligibility. * Proof of information provided on application might be requested upon application review.

Applicant Signature _____ Date _____
 Co-Applicant Signature _____ Date _____

Documents needed FOR VERIFICATION:

(Please include all of the following documents with your application. Not including these will delay the application process.)

1. Copy of Deed for Property.
2. Copy of Homeowners Insurance.
3. Signed copies of most recent Tax returns, including W-2 .
4. Copies of last two bank statements.
5. Copies of most recent pay stubs covering at least a one month period.
6. We review monthly payments from credit report. Do not bring in monthly bills.
7. Proof of receipt of any other income (i.e. child support, social security, disability income)
8. Child Support - Copy of divorce property settlement, printout from the court showing past 12 months history of payment.
9. Copy of the Social Security and/or Disability award letters.
10. Copy of divorce property settlement if applicable
11. Two forms of identification:
Driver's license, state issued government ID card, certificate of US citizenship, alien registration card

If you have any questions on the documentation needed, or if you cannot supply us with this information, please call our office at 827-3931. Thank you.



PUBLICITY AUTHORIZATION AND WAIVER

I, _____, give Habitat for Humanity of McLean County, Inc., an Illinois not-for-profit corporation, permission to take photos and/or videos of me, my minor children, and my home and current living conditions, and to use the photos and/or videos so taken for publicity purposes.

By this authorization, I understand and agree that neither I nor my family shall receive remuneration and that all rights, title and interest to the photos and/or videos and the use of them belongs to Habitat for Humanity of McLean County, Inc.

Homeowner Partner Signature

Date

Homeowner Partner Signature

Date

Habitat for Humanity of McLean County Representative Date

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