



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.

Habitat for Humanity of McLean County
A Brush with Kindness Application
 103 W. Jefferson, Bloomington, IL 61701 | 309.827.3931

Do you live in McLean County, IL? YES NO Do you own your home? YES NO Property Taxes paid up? YES NO
 Is this a Non-Rental property? YES NO Are you living there? YES NO Home-owner's insurance? YES NO

***If you answered "No" to any of the above, then we apologize that you are ineligible for the A Brush With Kindness Program.
 If you answered "Yes" to all of the above, then please continue with the Application below.**

Applicant

Name _____
 Address _____

 Social Security Number _____ - _____ - _____
 Date of Birth ____/____/____ Age _____
 Marital Status: single married separated widowed
 Phone Number (home) _____
 (cell) _____
 Monthly income \$ _____
 Email address _____
 Disabled? YES NO Veteran? YES NO

Co-Applicant

Name _____
 Address _____

 Social Security Number _____ - _____ - _____
 Date of Birth ____/____/____ Age _____
 Marital Status: single married separated widowed
 Phone Number (home) _____
 (cell) _____
 Monthly income \$ _____
 Email address _____
 Disabled? YES NO Veteran? YES NO

All Other Members Living in Household					
Name	Date of Birth	Disabled?	Veteran?		
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		

How did you hear about this program? _____
 Are any current Habitat/ReStore Employees or Board Members related to you? Name/ Relationship: _____

Are you or any member of your household required by law to be registered as a sexual offender? YES NO
 Have you or any member of your household been convicted of a felony drug offense or any other crime within the past 12 months that might lead to the seizure of your property by any law enforcement agency? YES NO

Improvements Requested:

Age of Existing Items Needing Improvement: (Roof, Windows, etc) _____
 Year House was built: _____ Year Home was purchased _____ Is this home a mobile home? YES NO
 Are the improvements needed due to: Fire damage? YES NO Flood damage? YES NO Tornado damage YES NO

FOR OFFICE USE ONLY- DO NOT WRITE IN THIS SPACE

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

Applicant Employment Information*

Employer's Name _____
 Employer's Address _____

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

Co-Applicant Employment Information*

Employer's Name _____
 Employer's Address _____

 Employer's Phone _____
 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. 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. 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 or other proof of ownership.
2. Copy of Homeowners Insurance.
3. Signed copies of most recent Tax returns, including W-2's.
4. Copies of last two bank statements.
5. Copies of most recent pay stubs covering at least a one-month period.
6. Proof of receipt of any other income (i.e. child support, social security, disability income)
7. Child Support - Copy of divorce property settlement, printout from the court showing past 12 months history of payment.
8. Copy of the Social Security and/or Disability award letters.
9. Copy of divorce property settlement if applicable
10. Two forms of identification:
Driver's License, Certified Copy of a US Birth Certificate, Social Security card **OR** US Passport, Certificate of US Citizenship, Alien Registration Card. Note that applicants must be US Citizens or Permanent Residents.

*If you have any questions on the documentation needed, or if you cannot supply us with this information, please call our office at (309) 827-3931. Thank you.

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