



Need help with exterior painting and light yard cleanup?



Check to see if you qualify for **FREE repairs!**

Eligible properties are Single Family Residences (SFR), and manufactured (mobile) homes. Multi-family dwellings (apartments, duplexes, tri-plexes, etc.), homes used as rentals, boats and RV's **are not eligible**. Home must be owner occupied.

Income Qualifications:

- Total household income may not exceed maximum annual income limits (HUD) to qualify.
- Total household income includes income from all family members. See chart below.

HOUSEHOLD MEMBERS	1	2	3	4	5	6	7	8
2016/2017 GROSS ANNUAL INCOME LIMIT (MAX)	\$36,150	\$41,300	\$46,450	\$51,600	\$55,750	\$59,900	\$64,000	\$68,150

These figures are according to the FY 2017 Income Limits Summary for the county of San Bernardino set by HUD and include all family members residing on residence.

Current 2017 Eligible Locations

- Loma Linda
- Colton
- Rialto
- Yucaipa
- Redlands
- San Bernardino
- Highland
- Fontana
- Mentone
- Bloomington
- Grand Terrace

Future Locations: Big Bear – Lake Arrowhead – Hesperia – Victorville – Apple Valley

Ready to Apply? Prepare for an ABWK visit with the documents listed below:

- Three (3) months of consecutive Source of Income
- Most recent filed and signed Federal Income Tax Return (with all schedules, attachments, W2's etc.)
- Three (3) months of consecutive bank statements (from all checking and savings accounts)
- Certificate of Title, Registration of home, Deed of Trust
- Property Tax
- Current Homeowner's Insurance Policy (Declaration Page)
- Proof of residency (utility bill or rent space)

Contact Habitat for Humanity San Bernardino Area, Inc. for full qualification process

Physical Address: 25948 Business Center Drive, Redlands, CA 92374

Mailing Address: PO Box 13129, San Bernardino, CA 92423 | www.habitatsb.org

Contact Judi Dennistoun: 909.478.1176, ext. 302 | jdennistoun@habitatsb.org



Habitat for Humanity San Bernardino Area, Inc. provides equal housing opportunities for all, and ensures fair and equal access to its programs and services regardless of race, color, religion, gender, national origin, familial status, disability, marital status, age, ancestry, sexual orientation, source of income, or other characteristics protected by law.

Income Documentation Requirements

	Type of Income	Source / Third Party Documentation
1.	Wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.	Copy of the most recent filed and signed Federal Income Tax Return with all schedules, attachments, W-2's, etc. A minimum of three (3) months consecutive paystubs.
2.	The net income for the operation of a business or profession.	Copy of the most recent filed and signed Federal Income Tax Return with all schedules, attachments, W-2's, etc. A minimum of three (3) months consecutive paystubs.
3.	Interest, dividends, and other net income of any kind from real or personal property	A minimum of three (3) months consecutive statements for all asset accounts.
4.	The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts.	A copy of the annual letter received from Social Security listing the gross monthly payment. A copy of the three (3) most recent consecutive months of payment checks or statements indicating the gross amount of the payment.
5.	Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay.	A copy of the three (3) most recent consecutive months of payment checks or statements indicating the gross amount of the payment.
6.	Welfare assistance payments made under the Temporary Assistance for needy Families (TANF program are included in annual income).	A letter from the household's caseworker indicating the amount of assistance provided and the nature of the assistance, including specific mounts designated for shelter or utilities.
7.	Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling.	A copy of the divorce decree / judgment listing the amount, period, and duration of alimony payments. A copy of the court order for child support payments, including the amount, period and duration of child support payments.
8.	All regular pay, special pay, and allowances of a member of the Armed Forces.	A minimum of three (3) months consecutive paystubs.



San Bernardino Area, Inc.

**Habitat
for Humanity®**

A BRUSH WITH KINDNESS APPLICATION

SUBMIT COMPLETED APPLICATIONS TO:
Habitat for Humanity San Bernardino Area, Inc.
PO Box 13129, San Bernardino, CA 92423
909.478.1176

Homeowner(s) on Title

APPLICANT		SPOUSE / CO-APPLICANT	
Name		Name	
Phone	Cell	Phone	Cell
Email		Email	
Are you a U.S. Veteran or Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a U.S. Veteran or Active Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Property Information

Address of Property		
City	Zip	Year Home was Built
If Mobile Home, Park Name		Tax Assessment Number

Do you own this property? Yes No

Are you a permanent, full-time resident of this property? Yes No

Are there Home Owners Association (HOA) on this property? Yes No

Are the property taxes current on this property? Yes No

Have you participated in this program in the past? Yes No

If yes, date(s) of services: _____

Is there any citation/lien on this property? Yes No

Do you have proof of Homeowners Insurance Yes No

Are you willing to participate in our Sweat Equity Program? Yes No

Homeowner(s) must show a willingness to partner with Habitat San Bernardino. We call this Sweat Equity and it can be as simple as providing water or holding a ladder while volunteers work on your home. Sweat Equity hours are required from all household benefitting from this program regardless of family size.



Financial Source(s)

Financial information is confidential; however, Habitat for Humanity San Bernardino Area, Inc. receives funding through both public and private sources and must comply with funder requirements. If your project is approved, we will require documentation of income, home ownership, and homeowner's insurance and that documentation may be reviewed by funding auditors as required.

Applicant Name	Employed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired	Type of Income	Monthly Income Amount
Name	Employed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired	Type of Income	Monthly Income Amount
Name	Employed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired	Type of Income	Monthly Income Amount
Name	Employed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired	Type of Income	Monthly Income Amount
Name	Employed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired	Type of Income	Monthly Income Amount
Enter Household Size: _____	Enter Total Annual Household Income: \$ _____		

Did you file a Federal Tax Return? Year _____

Yes

No

Other Asset Accounts

ACCOUNT CATEGORY	CURRENT CASH VALUE
Savings Account	\$
Checking Account	\$
Other Account (Type: _____)	\$
Other Account (Type: _____)	\$

(All income MUST be documented: checking accounts, savings accounts, IRA's, etc. Please include copies of statements for each account.)



Other Assets

Other Assets (type: _____)	\$
Other Assets (type: _____)	\$
Other Assets (type: _____)	\$
Other Assets (type: _____)	\$

Repairs Requested

Describe the EXTERIOR work needed on your home (add additional pages if necessary)	
1. Exterior Painting	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Exterior Minor Repairs	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Minor Landscaping and Yard Clean Up	<input type="checkbox"/> Yes <input type="checkbox"/> No

Gather the following documents (copies are accepted)

1. Three (3) months of consecutive Source(s) of Income
(Refer to Income Documentation Requirements) Yes No
2. Most recent filed and signed Federal Income Tax Return
(with all schedules, attachments, & W-2's) Yes No
3. Three (3) months of consecutive bank statements
(from all checking, savings, IRA accounts, etc.) Yes No
4. Certificate of Title, Registration of home, Deed of Trust Yes No
5. Current homeowner's insurance policy (Declaration Page) Yes No
6. Proof of residency (utility bill or rent space bill) Yes No
7. Signed Application Yes No
8. Signed Release of Liability Waiver Yes No

Home Visit

A home visit is required to determine qualification as well as help determine the types of repairs needed for your property for the A Brush with Kindness Program. Photographs of the repairs needed will be taken during the home visit.

Contact Judi Dennistoun at 909.478.1176 or jdennistoun@habitatsb.org to schedule a home visit.



Demographic Information (optional)

This data will be used for statistical reporting only and will be kept strictly confidential.

Ethnicity	<input type="checkbox"/> Hispanic		<input type="checkbox"/> Non-Hispanic	
Racial Background	<input type="checkbox"/> White	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Black/African American
	<input type="checkbox"/> Asian & White	<input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> American Indian/Alaskan Native
	<input type="checkbox"/> American Indian/Alaskan Native & American Indian			<input type="checkbox"/> Native Hawaiian/Other Pacific Islander

Applicant(s) Agreement

- I/We certify that the information provided on this application is true and accurate and that I/we own the property at the address given.
- I/We grant permission to Habitat for Humanity San Bernardino Area, Inc. to check any and all references and to take any and all actions reasonably necessary to substantiate the information contained in this application or otherwise establish my/our suitability as an applicant(s) for the Habitat San Bernardino's Home A Brush with Kindness Program, including without limitation, contacting or otherwise attempting to confirm my/our **(1)** employment status and credit history; **(2)** personal references, including all parties listed in this application and/or any other parties which Habitat San Bernardino desires to contact; **(3)** family composition and marital status and related issues; **(4)** credit worthiness; **(5)** immigration status; **(6)** police records and other information relative to criminal charges and/or convictions; **(7)** any additional information that Habitat San Bernardino deems necessary to evaluate this application. I/We understand that Habitat San Bernardino may reject this application based upon the results of these inquiries.
- I/We agree that if Habitat San Bernardino selects my/our home to be repaired, photos of me/us, my/our household members and my/our home may be taken and a biographical summary about me/us and my/our project may be written and shared with the general public or utilized for public relations, promotional or program development purposes.
- I/We agree that if Habitat San Bernardino selects my/our home to be repaired, I/we must participate as partner with Habitat San Bernardino which includes completing 24 Sweat Equity hours.
- I/We understand that there is no monetary or other form of compensation for Sweat Equity hours.
- I/We understand that Habitat San Bernardino makes no guarantees as to the start or completion dates or length of repairs.
- I/We understand that Habitat San Bernardino is a non-profit corporation with limited resources and cannot afford to provide or guarantee assistance for each applicant. Consequently, I/we agree that Habitat San Bernardino, its staff, whether voluntary or compensated, and its board of directors will not be liable in any way or otherwise be held responsible by me/us or anyone acting on my/our behalf in connection with my/our application for Habitat San Bernardino to any claims of any nature associate herewith.
- I/We understand that copies of any and all documentation provided to determine my/our program eligibility will not be distributed to a third-party without my/our authorization and may only be returned upon request.
- I/We understand that if I/we receive assistance from Habitat San Bernardino's Home Repair Program, I/we may not receive additional assistance for **five (5) years** after the completion of my/our repairs.
- I/We understand that submission of the Home Repair Program application and any supporting documentation **does not guarantee assistance from Habitat San Bernardino's Home Repair Program**. I/We understand that selection is based on submitting all required documentation, meeting the eligibility criteria, and the availability of program funding and not all applicants may be serviced.
- I/We understand that selection and repairs provided are subject to the availability of funds and that program policies are subject to change at any time without prior notice.

Signature of Applicant(s)

Signature of Homeowner	Printed name of Homeowner	Date
Signature of Spouse / Co-Applicant	Printed name of Spouse / Co-Applicant	Date



A Brush with Kindness

HOMEOWNER RELEASE AND WAIVER OF LIABILITY



A Brush with Kindness is a program of Habitat for Humanity San Bernardino Area, Inc. Habitat for Humanity San Bernardino Area, Inc. ("HFHSB") and the undersigned (the "Homeowner"), want to work together on an **A Brush with Kindness** activity. Because HFHSB is a non-profit corporation, it needs to limit its exposure to potential liability wherever reasonable and proper. In that regard, HFHSB requires that homeowners execute a **Release and Waiver of Liability**. To that end, HFHSB and the Homeowner enter this **Release and Waiver of Liability** knowingly and voluntarily. HFHSB and the Homeowner understand that there is a risk of injury or harm to the homeowners and any residents or visitors coming into contact with **A Brush with Kindness** activities. Therefore, the Homeowner expressly agrees to assume such risk and forever release and hold HFHSB harmless from any and all liability, claims and demands (legal and equitable) for injury, illness, death, or property damage resulting from staff or volunteer's work for HFHSB. This waiver is intended to waive fully, for the benefit of Humanity for Humanity San Bernardino Area, Inc. any rights and/or claims, which might rise to a right of subrogation.

In consideration of the opportunity afforded me to participate in **A Brush with Kindness**, and receiving assistance on the maintenance of my property, and in light of the aims and purposes of the community service provided by Habitat for Humanity San Bernardino Area, Inc. for working on my home, I hereby waive any right or cause of action arising as a result of my participation in said program from which any liability may or could accrue against Habitat for Humanity San Bernardino Area, Inc.

I also, as a homeowner, do grant and convey to Habitat for Humanity San Bernardino Area, Inc. /**A Brush with Kindness**, all right, title and interest in any and all photographic images, video and audio recordings of me and my property made during work on my home for promotional purposes, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

HFHSB and the Homeowner intend this Release and Waiver of Liability to be a legal document construed as broadly and inclusively as permitted by the laws of the State of California.

Signature of Homeowner	Printed name of Homeowner	Date
Signature of Spouse / Co-Applicant	Printed name of Spouse / Co-Applicant	Date

APPLICANT: PLEASE KEEP COPIES OF THIS DOCUMENT AND ANY SUPPORTING DOCUMENTS FOR YOUR RECORDS.



Habitat for Humanity San Bernardino Area, Inc. provides equal housing opportunities for all, and ensures fair and equal access to its programs and services regardless of race, color, religion, gender, national origin, familial status, disability, marital status, age, ancestry, sexual orientation, source of income, or other characteristics protected by law.

For HFHSB Office Use Only			
Date Received in Office	Received by	Home Visit Info	Referral