



Now more than ever.
Help Build It!

Thank you for inquiring about Habitat for Humanity's Home Repair & Maintenance programs and A Brush With Kindness to address your home repair or maintenance needs.

I have enclosed an application packet. After completing as follows, please return your application and all required documents to us at Habitat for Humanity Inland Valley.

Please complete the following:

- ✓ **The two-page application. Please make sure to sign and date, and to complete every part of the application.**
- ✓ **The "Income Verification" form**
- ✓ **The "Income Summary" form**

Please also include copies of each of the following:

- ✓ **Your current homeowner's insurance declaration page, showing your name, home address, and expiration date.**
- ✓ **Your current mortgage statement (showing paid current).**
- ✓ **Your most recent property tax statement, and/or mobile home registration, if applicable (showing paid current).**
- ✓ **Most recent proof of income documentation: Please see attached "Sources of Income" on the "Income Verification Form."**

Please call me if you have any questions or if I may be of assistance.
We hope to be of service!

Linda Thomas:
Programs Manager
Phone: 951.296.3362 ext. 207 | linda@habitativ.org



A BRUSH WITH KINDNESS

LOW COST EXTERIOR HOME MAINTENANCE PROGRAM

Habitat for Humanity Inland Valley is currently offering our *A Brush with Kindness* exterior home maintenance program. Through this program, local low-income homeowners are able to apply for assistance with necessary minor exterior home repairs and maintenance at a reduced cost.

PROGRAM SERVES QUALIFIED LOW-INCOME HOMEOWNERS HOMES OR MOBILE HOMES

HOMEOWNER REQUIREMENTS

- Own and reside** in the home in need of repair(s) and plan to reside in home for a year or more.
- The property must be located within the Habitat Inland Valley service area: (Temecula, Murrieta, Menifee, Wildomar, Lake Elsinore, Perris and surrounding areas).
- Be unable to perform the repairs.
- Have total household income that is at or below 80% of the combined median household income for Riverside County (Proof of income required)

FINANCIAL RESPONSIBILITIES

- Be willing to pay for the **discounted** cost of the repair. The cost of the repairs are reduced by a sliding scale subsidy (based on income) provided by Habitat for Humanity Inland Valley.
- Homeowner may make monthly payments, if needed (0-3 year options – no interest), to pay for the repair
- Homeowner must have homeowner's insurance and be up to date on mortgage and property tax payments (proof required)

WILLINGNESS TO PARTNER WITH HABITAT FOR HUMANITY INLAND VALLEY

- Complete an application and provide the required information and documentation as requested (and plan to occupy the home as primary residence).
- Be honest and cooperative with Habitat for Humanity Inland Valley
- Be present when work is being performed
- Perform sweat equity to the extent physically able to do so

ELIGIBLE REPAIR AND MAINTENANCE PROJECTS MAY INCLUDE

- Exterior house painting
- Exterior accessibility – minor repairs to existing steps, ramps, etc.
- Brush/weed removal and yard clean-up services available if the home is being worked on, or through neighborhood yard work days
- Minor Fence *repairs* and painting (restrictions apply)
- Other *minor* exterior home repairs
- All projects subject to site inspection, and not all repair requests will qualify for program funding

For additional information, please contact Habitat for Humanity Inland Valley

951-296-3362 x207 – linda@habitativ.org

(Funding is limited and not all repairs will qualify)

U.S. Department of Housing & Urban Development Income Limits

30% of Median Family Income (MFI)* - (extremely low/poverty),
50% of MFI - (very-low), and
80% of MFI - (low/moderate-income limits)

New Limits - Revised for Extremely Low-Income Limits, effective April 1, 2021

RIVERSIDE COUNTY 2021 Income Limits

*Income cannot exceed the following **MAXIMUM** limits for the household size*

Household Size	1	2	3	4	5	6	7	8
Extremely-low (30% of MFI*)	\$16,600	\$19,000	\$21,350	\$23,700	\$25,600	\$27,500	\$29,400	\$31,300
Very-low Income (50% of MFI*)	\$27,650	\$31,600	\$35,550	\$39,500	\$42,700	\$45,850	\$49,000	\$52,150
Low/Moderate Income (80% of MFI*)	\$44,250	\$50,600	\$56,900	\$63,200	\$68,300	\$73,350	\$78,400	\$83,450

Source: Each year income limits are revised by the Department of Housing and Urban Development. The income limits above are to be used immediately.

**A BRUSH WITH KINDNESS
LOW COST EXTERIOR HOME REPAIR PROGRAM
APPLICATION - INTAKE FORM**



APPLICANT INFORMATION

Applicant Name:		Date of Application:
Address:		
City, State & Zip:		
Primary Phone(s):	Email:	

PROPERTY INFORMATION

<p>Do you own the home? Yes ___ No ___</p> <p>Title to the home held by: Jointly: ___ Single: Female ___ Single: Male ___ Other: ___</p> <p>Are there any liens against the property? Yes ___ No ___</p> <p>Are there any notices of default or foreclosure proceedings? Yes ___ No ___</p>	<p>Number of years you have lived in the home? _____</p> <p>Is this your principal place of residence? Yes ___ No ___</p> <p>Do you plan to continue to occupy the property as your principal place of residence? Yes ___ No ___</p> <p>Year house built: _____ Your Birthdate: ___/___/___</p> <p>Are there children under the age of six living in the home? Yes ___ No ___</p>
Property Description:	Single Story ___ Mobile Home ___ (At this time, we cannot paint two-story homes)
Are mortgage payments current? Yes ___ No ___	Do you have a reverse mortgage? Yes ___ No ___
Are property taxes current? Yes ___ No ___	Do you own any additional land or property? Yes ___ No ___
Homeowner's Insurance: Yes ___ No ___	
Verification Required: Carrier: _____	Policy #: _____
Expiration Date: _____	Or please attach a copy
Homeowner's Association: Yes ___ No ___	
Name of HOA Management Company: _____	
Homeowner is required to get all necessary HOA approvals	

<p>Brief Description of Requested Repairs*:</p> <p>*Project approval is contingent upon site inspection. Restrictions apply.</p>	<p>Painting: Yes ___ No ___ Description: _____</p> <p>2 colors only</p> <p>Accessibility: Yes ___ No ___ Description: _____</p> <p>_____</p> <p>Other Minor Repairs: Yes ___ No ___ Description: _____</p> <p>_____</p> <p>Yard Work: Yes ___ No ___ Description: _____</p> <p>_____</p>
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**A BRUSH WITH KINDNESS
LOW COST EXTERIOR HOME REPAIR PROGRAM
APPLICATION - INTAKE FORM**



FINANCIAL INFORMATION & NEED ASSESSMENT

Number of persons living in the house. (Check ONLY one):

1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___

TOTAL ANNUAL HOUSEHOLD INCOME: My current household yearly income from all sources is: \$ _____
 Note: Household Income means total income of all persons living in the same household who are related by birth, marriage, or adoption. Income verification required. Please complete an "Income Verification Form" for each member of the household.

REPAIR COSTS / REPAYMENT

Repair costs are discounted on a sliding scale based on household income.
Payment plans available. Homeowner may make monthly payments, if needed (0-3 year options), to pay for the repair)
 Pay in full at time of service (10% discount for this option): _____

DEMOGRAPHIC INFORMATION

This information is optional but helps Habitat for Humanity Inland Valley in applying for grants and reporting the work we do in the community.

ETHNICITY: (Select ONLY one out of the Single-race or Multi-race categories)

Hispanic ___ or Non-Hispanic ___

Single Race Category

White ___ American Indian/Alaskan Native ___
 Black/African American ___ Native Hawaiian/Other Pacific Islander ___
 Asian ___

Multi Race Category

American Indian/Alaskan Native & White ___ Asian & White ___
 Black/African American & White ___ Hispanic/White ___
 Hispanic/Black/African American ___ Hispanic/Asian ___
 Hispanic/American Indian/Alaskan Native ___ Hispanic/Asian & White ___
 Hispanic/Native Hawaiian/Other Pacific Islander ___ Hispanic/Black/African American & White ___
 Hispanic/American Indian/Alaskan Native & White ___
 American Indian/Alaskan Native & Black/African American ___
 Hispanic/American Indian/Alaskan Native & Black/African American ___
 Other Multi-race (ONLY if none of the above categories identifies you) ___

OTHER DEMOGRAPHIC INFORMATION:

This information is optional but helps Habitat for Humanity Inland Valley in applying for grants and reporting the work we do in the community.

Age Bracket: 18-30 ___ 31-47 ___ 48-64 ___ 65+ ___

Veteran/Military: Have you ever served in the armed forces, including but not limited to Reserve & National Guard, and had an honorable discharge?: Yes ___ No ___

Military Involvement: None ___ Current/Active Military ___ Veteran ___ Spouse of a Veteran ___

Female Head of Household: Yes ___ No ___ **Disabled / on Disability:** Yes ___ No ___

I, the undersigned, hereby certify that all statements and information contained herein are true and correct to the best of my knowledge and belief. I understand the information I provided in this application is subject to verification, and I agree to provide necessary documentation if requested to do so.

APPLICANT SIGNATURE

DATE

SUBMIT APPLICATION and supporting documentation to:

For questions & information, contact:

Habitat for Humanity Inland Valley
 ATTN: Linda Thomas
 27475 Ynez Rd. #390
 Temecula, CA 92591

Linda Thomas
 951.296.3362 ext. 207
 linda@habitativ.org

Habitat for Humanity Inland Valley – Home Repair Program - Income Verification Form

Applicant: _____

Other Household Member: _____

SOURCE OF INCOME	APPLICANT	OTHER HOUSEHOLD MEMBER	DOCUMENTATION (Please submit as noted below)
Salary			<ul style="list-style-type: none"> • Copies of last 3 paychecks and • Last filed Federal Income tax returns
Social Security State Disability			<p><i>(the following information must not be older than six months)</i></p> <ul style="list-style-type: none"> • Copy of applicant's monthly award check; or • Form SSA-2458 (request from local Social Security Office); or • Copy of applicant's award letter; or • Three most recent bank statements showing deposits of award check
IRA - Required Minimum Dist.			<ul style="list-style-type: none"> • Most recent Federal income tax returns – page 1 &2
Aid for Families with Dependent Children (AFDC)			<ul style="list-style-type: none"> • Award letter stating the amount of applicant's benefit; or • Copy of applicant's most recent check; or • Written statement from Caseworker stating the applicant's benefit
Pension			<ul style="list-style-type: none"> • Copy of applicant's most recent pension check; or • Copy of pension award letter showing monthly benefits; or • Three most recent bank statements showing direct deposit of applicant's award check
Alimony			<ul style="list-style-type: none"> • Copy of applicant's weekly or monthly check; or • Court decree establishing payments, (<i>divorce papers</i>); or • Affidavit of child support signed by applicant
Child Support			
Unemployment Insurance			<ul style="list-style-type: none"> • Copy of award notice stating applicant's benefits; or • Unemployment affidavit signed by applicant
Self-Employed Profits			<ul style="list-style-type: none"> • Last filed income tax returns
Interest from Bank/Brokerage Accounts, Dividends and Cash Funds			<ul style="list-style-type: none"> • Most recent Federal income tax returns – page 1 &2
Rental Income Other Property or Room Rental in Home			<ul style="list-style-type: none"> • Copy of recent rent check; or • Copy of property rental agreement signed by current tenant showing monthly rent; or • Copy of applicant's income tax return declaring earned rental income
Other Income not shown above			<ul style="list-style-type: none"> • Attach documentation to support declaration – LIST SOURCES
TOTAL INCOME			TOTAL COMBINED HOUSEHOLD INCOME

According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United State Government. I, the undersigned, hereby certify that all statements contained herein, are true and correct to the best of my knowledge and belief. I understand the information I provide in this certification is subject to verification, and I agree to provide necessary documentation if requested to do so.

Under penalty of perjury, I certify that the above information is true and correct

APPLICANT SIGNATURE

DATE

OTHER HOUSEHOLD MEMBER

DATE

INCOME VERIFICATION SUMMARY FORM

Home Repair Program

Participant Name:	Date:
Address:	
City:	Zip:

HOUSEHOLD COMPOSITION AND INCOME
PLEASE ENTER THE REQUIRED INFORMATION FOR ALL HOUSEHOLD MEMBERS:

List all household members	Age	Check all that Apply	Relationship to Head of Household <small>(Spouse, Child, Other etc.)</small>	Annual Income <small>Check all that Apply (from all sources)</small>
Head of Household		<input type="checkbox"/> Disabled <input type="checkbox"/> Senior	<input type="checkbox"/> Female <input type="checkbox"/> Male	\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name Member 2		<input type="checkbox"/> Disabled <input type="checkbox"/> Senior		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name Member 3		<input type="checkbox"/> Disabled <input type="checkbox"/> Senior		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name Member 4		<input type="checkbox"/> Disabled <input type="checkbox"/> Senior		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name Member 5		<input type="checkbox"/> Disabled <input type="checkbox"/> Senior		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name Member 6		<input type="checkbox"/> Disabled <input type="checkbox"/> Senior		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name Member 7		<input type="checkbox"/> Disabled <input type="checkbox"/> Senior		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Name Member 8		<input type="checkbox"/> Disabled <input type="checkbox"/> Senior		\$ _____ <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed

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Under the penalty of perjury, I certify that the above information is true and correct

 APPLICANT SIGNATURE

 DATE



Now more than ever.
Help Build It!

**Waiver of Liability Relating to Coronavirus/COVID-19
Habitat for Humanity Inland Valley A Brush With Kindness (ABWK) Program**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. Although the Habitat for Humanity Inland Valley is following recommended steps of County health officials, the Habitat for Humanity Inland Valley cannot protect Program participants and their household members against all possible risks of COVID-19. I understand and acknowledge that Program service providers are required to follow federal, state and local public health guidelines. However, the exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death. By participating in the Program and receiving services provided by the Program, potentially being exposed to others who might have COVID-19, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I or my household members may be exposed to or infected by COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand the Habitat for Humanity Inland Valley cannot prevent me or my household members from becoming exposed to, contracting, or spreading COVID-19 while utilizing the Program services or premises. It is not possible to prevent against the presence of the disease.

ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting COVID-19 for myself and my household members in order to participate in the Program and receive the services provided by the Program.

WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against the Habitat for Humanity Inland Valley and its officers, directors, managers, officials, trustees, agents, employees, volunteers or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to participating in the Program and receiving the services provided by the Program. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

CHOICE OF LAW: I understand and agree that the law of the State of California will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

Signature: _____

Date: _____

Name (printed): _____

Names of Minor(s): _____

Names of Minor(s): _____

Names of Minor(s): _____

I am the parent or legal guardian of the minor(s) named above. I have the legal right to consent to and, by signing below, I hereby do consent to the terms and conditions of this Waiver.

Signature: _____

Date: _____

Name (printed): _____



*Now more than ever,
Help Build It!*

1. Do you or anyone in the home have COVID19? Yes _____ No _____
2. Have you or anyone in the home been exposed to COVID19? Yes _____ No _____
3. Do you or anyone in the home have any symptoms of COVID19? Yes _____ No _____
 - a. Fever or chills
 - b. Cough
 - c. Shortness of breath or difficulty breathing
 - d. Fatigue
 - e. Muscle or body aches
 - f. Headache
 - g. New loss of taste or smell
 - h. Sore throat
 - i. Congestion or runny nose
 - j. Nausea or vomiting
 - k. Diarrhea

Signature

Date