

Habitat for Humanity®
ReStore

The ReStore is the Habitat thrift store which takes in new and used home furnishings and sells them at a reduced cost.

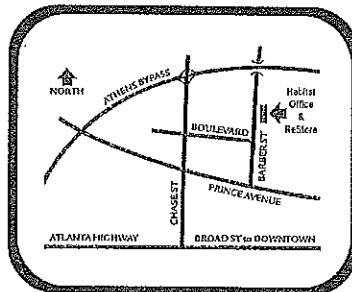
The ReStore offers the community an active venue for reusing/recycling building materials and home furnishings that would otherwise be thrown away. The store makes free pick-ups of new and gently used donated items

Proceeds from the sale of your donated items are invested in the Athens community building homes for families in need.

Hours of Operation:
 Monday - Saturday
 9:00 AM - 5:00 PM

For more information call:
 (706) 354-0936

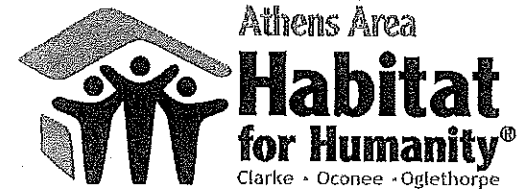
532 Barber Street
 (across the tracks)
 Athens, GA



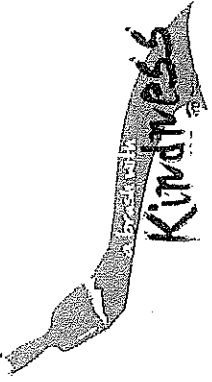
A Brush With Kindness is a program designed to restore neighborhoods one home at a time through simple acts of kindness. This small projects program helps low income individuals live in a safe, decent home. The neighborhood revitalization effort provides work for low income homeowners who are challenged by age, disability, or circumstance.

Do You Qualify?

- Low Income
- Homeowner
- Living in Clarke County
- Need emergency repair



532 Barber Street
 Athens, GA 30601
 706-208-1001
 fax: 706-369-1210
www.AthensHabitat.com



532 BARBER STREET PO BOX 1261
ATHENS, GA 30603
PHONE: 706.208.1001
FAX: 706.369.1210
WWW.ATHENSHABITAT.COM

Dear Brush With Kindness Applicant,

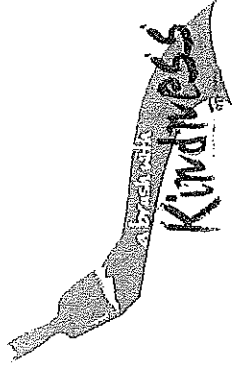
Although our program aims to help all families who are in urgent need of emergency home repair, the enclosed application is *not a contract with Athens Area Habitat for Humanity*, and filling it out does not guarantee that you will receive the repairs you are requesting. Our committee meets once per month to evaluate Brush With Kindness candidates, and unfortunately, due to the volume of applicants and our limited time and resources, we have to prioritize candidates based on level of need and severity of the home emergency. Additionally, because Athens Habitat believes strongly in the importance of family partnership, family members are expected to participate in the repair to the best of their ability.

There is no need to contact Athens Habitat to check on the status of your application. We will contact you if our committee selects your application for further review. Thank you for your interest in A Brush With Kindness!

Sincerely,

Athens Area Habitat Team

A Brush With Kindness Application



Please complete and return to:
Athens Area Habitat for Humanity
532 Barber Street
PO Box 1261
Athens, GA 30603

Applicant Name: _____
Social Security Number: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

INCOME INFORMATION: Source of income for ALL individuals who live in the home (include all that apply)

- _____ Wages
- _____ Farm Operation Income
- _____ Self-Employment
- _____ Social Security or Railroad Retirement
- _____ Unemployment Benefits
- _____ Supplemental Security Income – Disability
- _____ Pension, VA Benefits, Insurance Benefits
- _____ TANF
- _____ Other Public Assistance
- _____ Alimony, Child Support
- _____ Other (please list: _____)

TOTAL ANNUAL INCOME OF ENTIRE HOUSEHOLD: \$ _____
(Add amounts from the list above)

Please attach verification of income listed (Ex. SSI/SSA statement)
Income verification attached? Yes No

DWELLING INFORMATION:

House Type: _____
 Wood frame
 Masonry (brick, stone)
 Mobile home/Trailer
 Single-family dwelling
 Multi-family dwelling

House Heat Source: _____
 LP or bottled gas
 Electricity
 Fuel oil, kerosene
 Wood
 Other (Please specify: _____)

House Roof type: _____
 Asphalt shingle
 Tin
 Wood
 Other (Please specify: _____)

House Age: _____ years
Estimated Date of Construction: _____

Do you own the land on which the dwelling exists? Yes No

HOME REPAIR NEEDS

Please describe the emergency repair(s) you are requesting. If you need additional space to describe the repair(s), please attach a separate piece of paper to your application. Please remember that the items listed below will be considered for repair, but the final decision on all repairs will be made at the discretion of the *Brush With Kindness committee*.

PLEASE WRITE CLEARLY

Roof: (Ex. leaking)

General Safety: (Ex. holes in structure, missing railings and/or ramps or other hazards)

Doors/Windows: Describe repairs required, including locks, glass, frames, weather stripping, etc.

Other: Identify other types of repairs requested but not listed above

Please list your desired repairs in order from most to least important:

OTHER CHALLENGES

Do you or anyone in the home have special time limitations that would prevent you from making the repairs on your own?

Yes No

Comments:

Do you or anyone in the home have special needs that would prevent you from making the repairs on your own?

Yes No

Comments:

Do you or someone in your home use a walker, cane or crutches?

Yes No

Are you or someone in your home wheelchair bound?

Yes No

Are you or someone in your home visually impaired?

Yes No

Have you or someone in your home lost a limb?

Yes No

Additional comments:

How many years have you occupied the dwelling? _____

How long do you intend to reside in the dwelling? _____

Please attach a copy of recent utility bill (electric, gas, or phone)

Copy attached? Yes No

AUTHORIZATION:

I, _____, certify that I am the owner of the dwelling unit located at _____. If eligible to participate in A Brush With Kindness, I do hereby authorize Athens Area Habitat for Humanity to make the agreed upon repairs and release Athens Area Habitat for Humanity from all liability whatsoever in the performance of this authorization as long as the work has been completed in a workmanlike manner.

Owner's Signature

Date

Having read all the provision of A Brush With Kindness, I certify that all information submitted on this application is accurate and true. In the event that the information is incorrect and the application is not eligible for the program and receives funding, the applicant agrees to reimburse the assistance amount to the grantee. Payment shall include the amount of assistance provided by Athens Area Habitat for Humanity and the grantor plus interest thereon (without compounding). The interest rate shall be that as determined by Athens Area Habitat for Humanity and the grantor at the time of the infraction, taking into account the average yield on outstanding marketable long-term obligations of the United States during the month proceeding the date on which the assistance was initially made available.

Owner's Signature

Date

* Note: Completing this application does not guarantee that the applicant will qualify for a Habitat program or that the work request will be fulfilled.

HOUSEHOLD INFORMATION (optional)

The information solicited on this application is requested by the granted in order to ensure that federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, or handicap are being complied with. You are not required to provide this information but are encouraged to do so. This information will not be used in evaluating your application in any way. However, if you choose not to provide this information, the grantee is required to note the race/national origin and sex of the individual applicant on the basis of visual observation or surname.

Your Race/Ethnic Group:

- White (not of Hispanic Origin)
 Black (not of Hispanic Origin)
 American Indian
 Hispanic
 Asian or Pacific Islander
 Other (please specify _____)

Number of household members 60 years or older: _____

Number of handicapped individuals: _____

Number of Native American individuals: _____

Do you have family in the area? Yes No

Total Number of individuals in household: _____

Number of household members 18 years or younger: _____

If yes, please list names and addresses of immediate family members (at least 2):