

## A BRUSH WITH KINDNESS APPLICATION

Your Informat	ion				Date:	
Full Name:						
Phone:	Cell:			Email:		
Age	Ethnicity		M	ale/Female		
Property Infor	mation:					
Property Address:						
City:		Zip:				
Are You the Proper	ty Owner? Yes	No	Single Far	mily Home_	Mobile Home	
Are you a U.S. Vete	eran or Active Milita	ry? Yes ַ	N	0	Year home was built	
Home Owners Association: Yes No If N				Mobile Home, Park name		
	ncial Informatio					
public and private source	es and must comply with f	under requ	irements. If yo	ur project is app	ea receives program funding through both proved, we will require documentation of iewed by funding auditors as required.	
Total Monthly Household Income:			Family Size:			
Source(s) of Month	nly Income and Amo	unts:	Example:	Social Secur	<u>ity \$640</u>	
1	/\$		2			
3	/\$		4			
Verification of Insuapproval after family visit			NOTE:	Applications wil	II be reviewed by the ABWK Program Team fo	
Homeowner:			Address:			
Phone:					Revised: 5/30/2019	