



APPLICATION FOR BRUSH-WITH-KINDNESS

Return Application to: Designated listed on the letter that came with this application.

If you need help in filling out, call 863-688-4660.
Office hours are Monday-Friday 9:00 a.m.-5:00 p.m.

Lakeland Habitat for Humanity, Inc. is an Equal Housing Opportunity Agency that does not discriminate against race, sex, religion, color, age or familial status.

NAME: _____ SS# _____
(APPLICANT)

MARITAL STATUS: (Circle one) Married Unmarried Separated SS# _____
HOW LONG? _____

APPLICANT'S DATE OF BIRTH _____ CO-APPLICANT'S DATE OF BIRTH _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME TELEPHONE NO. _____ WORK TELEPHONE NO. _____

CELULLAR TELEPHONE NO. _____

HOW LONG YOU OWNED YOUR HOUSE? _____

CHILDREN AT HOME:

NAME	DOB	SEX	NAME	DOB	SEX
1			5		
2			6		
3			7		
4			8		

OTHER LIVING WITH YOU:

NAME	AGE	SEX	RELATIONSHIP
1			
2			
3			
4			

1317 George Jenkins Blvd.
Lakeland, FL 33815

Tel: 863-688-4660
Fax: 863-802-4809

info@habitatoflakeland.org



SAVINGS ACCOUNT? _____ IF YES, WHAT BANK & HOW MUCH? \$ _____

CHECKING ACCOUNT? _____ IF YES, WHAT BANK & HOW MUCH? \$ _____

SPECIAL EXPENSES: MONTHLY AMOUNT

CHILD CARE \$ _____

CHILD SUPPORT \$ _____

MEDICAL \$ _____

OTHER (specify) \$ _____

INSURANCE \$ _____

OTHER (specify) \$ _____



WILLINGNESS TO PARTNER

ARE YOU WILLING AND PHYSICAL ABLE TO HELP WITH THE WORK? _____

WHERE DID YOU OBTAIN THIS APPLICATION? _____

Have you ever been arrested or convicted of a crime?

Yes _____

No _____

Why? _____

When? _____

PLEASE EXPLAIN IF THERE ARE ANY SPECIAL OR UNUSUAL CIRCUMSTANCES THAT YOU FEEL WE SHOULD BE AWARE OF (use back of this page).



RELEASE FORM

THE APPLICANT(S) UNDERSTAND AND AUTHORIZE LAKELAND HABITAT FOR HUMANITY, INC. TO PERFORM AN IN-DEPTH STUDY TO DETERMINE APPLICANT’S ACTUAL NEED. THE INVESTIGATION MAY INCLUDE PERSONAL VISITS, A CREDIT CHECK, CRIMINAL RECORD CHECK, AND REFERENCES CHECK, IF I AM SELECTED, I UNDERSTAND THAT I WILL BE EXPECTED TO PARTICIPATE IN ANY WORK PERFORM.

APPLICANT

CO-APPLICANT

I HEREBY DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE.

APPLICANT

CO-APPLICANT

DATE: _____



WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT

This Waiver, Release and Hold Harmless Agreement (“Release”) is made on this day _____ of _____, 2____ by _____ (“Recipient”).

WHEREAS, in consideration of the willingness of Lakeland Habitat for Humanity and its faculty and volunteers to provide a “Brush-with kindness” services at no charge, Recipient is willing to execute this Waiver, Release and Hold Harmless Agreement;

NOW THEREFORE, Recipient, on behalf of itself and its heirs, assigns and all other persons or entities claiming by, under or through Recipient, represents, covenants and agrees as follows:

1. Recipient waives, releases and forever discharges all claims against any of the Release Parties for any injuries, damages, losses or claims, whether known and unknown, which arise during or result from any activity of or services provided by any of the Released Parties under or in connection with the Lakeland Habitat for Humanity, Brush with Kindness program, including but not limited to any such injury, damage, loss, or claim arising from any engineering services or any other services provided as part of the Lakeland Habitat for Humanity, Brush with Kindness program, except only to the extent caused by the negligence or other fault of any of the Released Parties.

2. Recipient agrees to indemnify and hold the Released Parties harmless from all losses, liabilities, damages, costs, or expenses (including but no limited to reasonable attorneys’ fees and other litigation costs and expenses) incurred by any of the release Parties as a result of any climes or suits that (i) Recipient, (ii) anyone claiming by, under or through Recipient, or (iii) any third party, may bring against any of the Released Parties to recover any losses, liabilities, costs, damages, or expenses which arise during or result from the participation by, or services supplied by, any of the Released Parties in the Lakeland Habitat for Humanity, Brush with Kindness program, except caused by the negligence or other fault of any of the Released Parties.

3. Recipient acknowledges having carefully read and reviewed this Waiver, Release and Hold Harmless Agreement, and Recipient represents that it fully understands and voluntarily executes the same.

EXECUTED this _____ day of _____, 2_____.

Lakeland Habitat for Humanity

By: _____ (signature)

(printed/typed)

Title: _____

Executive Director
Claire Twomey

Board of Directors

Becky Bywater, President
Sue Bentley, Vice-President
Sandra Kotansky, Treasure
Ramona Blankinship, Secretary
Carol Krause
Tim Jackson
Buck Merritt
M.C. Pruitt
Russ Rhoads
Karen Ruthven
Brad Sanford
Lynne Simpkins
Peggy Spirakis
Lorenzo Thomas
Bob Weiland
Diretta Wilcox

Advisory Council

Wogie Badcock
Carol Barnett
Steve Bissonnette
Mike Brown
Nancy Cattarius
Monsignor John P. Caulfield
Ron Clark
Senator Paula Dockery
Mayor Buddy Fletcher
Amy Harper
Dr. Eileen Holden
Fred Johnson
Judge Holmes
Lora Kellogg
Frank Kendrick
Dr. Anne Kerr
Larry Maron
Beth Mason
Dick Mason
Karin McKnight
Nis Nissen
Paul Noris
Judge John Radabaugh
Cindy Ross
Dr. Larry Ross
Janet Shearer
Rev. Riley Short
Lanny Sumpter
Sunny Zimmermann



Dear Applicant:

Please find enclosed an application for our Lakeland Habitat for Humanity Brush with Kindness program. Listed below is a list of the information that is needed in order for us to process your application. Please fill out the application (answer ALL the questions) and return it to the address listed above via mail or you may bring it in. Please remember to bring or mail all information listed below along with the application.

Processing information needed:

- *Proof of income (1 month check stubs and/or child support printout or recent Social Security award letter)
- *Copies of Social Security Card for all family members
- *Green card (If applicable)

Minimum Income Levels:

1 person	\$18,250-\$29,250	2 people	\$20,900-\$33,400	3 people	\$23,500-\$37,600
4 people	\$26,100-\$41,750	5 people	\$28,200-\$45,100	6 people	\$30,300-\$48,150
7 people	\$32,350-\$55,100	8 people	\$33,450-\$53,550		

Once your application and information is received we will notify you whether you have been approved or denied. If approved we will give you instructions on what the next steps will be. If denied we will give instructions for you to follow in order to get approved for the Lakeland Habitat for Humanity Brush-with-Kindness Program.

Sincerely,

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Lakeland, FL 33815
www.habitatoflakeland.org

“GIVE A LITTLE. BUILD A LOT.”

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