

<b>Office Use Only</b>
Received: _____
Qualified: _____
Brush Up: _____



# BRUSH UP

2316 S 24th Street • Omaha NE 68108

**Phone:** 402-965-9201 • **Fax:** 402-763-9308 • **Email:** info@projecthouseworks.org

Please call if you have any questions about this application or our services.


Office Visits by appointment only.

## INSTRUCTIONS FOR HOMEOWNER APPLICATION

**\*\*ALL documents must be sent with your application.**

If we do not receive ALL necessary documents with your application, the review and approval of your application will be delayed significantly.

**\*\*Please send all that apply to your household. \*\***

- APPLICATION filled out completely.**
  
- BANK STATEMENTS (2 months) for ALL accounts (checking, savings, CD, etc.) for ALL adults age 18+ in the home.**
  
- INCOME DOCUMENTATION for ALL adults age 18+ in the home.** Send all documents that apply to your household:
  - ◆ Social security income: Explanation of Benefit Letter for current year.
  - ◆ Wages/Child Support: Two months' pay stubs
  - ◆ Pension/Annuity/Retirement income: Current statement showing the amount and payment schedule (ie: monthly, biweekly etc.)
  - ◆ ANY other source of income (rental, self-employment, etc.): a statement verifying the amount of income.
  
- FINANCIAL DOCUMENTATION for the applicant/applicant's spouse.**  
For stocks, bonds, retirement accounts (IRA, 401K, etc.) or any other assets with cash value, send a statement dated within the past two months showing the current value
  
- MORTGAGE / REVERSE MORTGAGE -- if applicable send most current statement**
  
-  I am interested in free home repairs and modifications.  
(Roofs, Electrical, Plumbing, flooring, tub to shower conversions, grab bars)

**Other documentation may be requested for clarification at a later date.**

## HOUSEHOLD INFORMATION

Applicant Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Spouse Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_, State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (HOME): \_\_\_\_\_ Phone (CELL): \_\_\_\_\_

EMAIL: \_\_\_\_\_

What is the best way to reach you? Home phone Cell phone Email

Date of Birth: (mm/day/year) \_\_\_\_\_ AGE: \_\_\_\_\_

Gender: Male Female

Marital Status: Please Circle

Married      Unmarried      Separated      Divorced      Widowed

Alternate Contact (Friend or Relative living in the area that we can contact if needed)

Name: \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

**The information below is used for statistical reporting  
and is not used for qualifying purposes.**

Are you a Veteran? Yes No Branch: \_\_\_\_\_ Years Served \_\_\_\_\_

Spouse of a Veteran? Yes No Branch: \_\_\_\_\_ Years Served \_\_\_\_\_

**Physical Disabilities**

Do you or your spouse have a physical disability that limits your mobility in your home? (Please list below)

Ethnic Categories	Select One:
Hispanic or Latino	<input type="checkbox"/>
Not Hispanic or Latino	<input type="checkbox"/>
Racial Categories	Select all that apply
American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>
Other	<input type="checkbox"/>

# INCOME AND ASSETS

## APPLICANT INCOME AND ASSETS

\*\*List all income and assets for the Applicant. \*\*Provide all supporting documents.

Applicant Income	Monthly Gross Amount
Social Security	\$
Pension/Annuities	\$
Salary/Wages	\$
Other Income	\$
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>

Applicant Assets	Current Value
401K / IRA	\$
Stocks or Bonds	\$
Savings	\$
Other	\$
<b>TOTAL CURRENT VALUE</b>	<b>\$</b>

## HOUSEHOLD OCCUPANTS

List all others living in the home.

\*\*If 18 or older include income and supporting documents.

\*\* If more space is needed please contact our office for a second form.

Name	Relation	Birthdate	Type of Income	Monthly Amount

### PLEASE CIRCLE ANSWERS BELOW:

Is the house titled in your name?    Yes    No

Are there others listed on the deed/title of the property?    Yes    No

If yes—list names of those on deed/title \_\_\_\_\_

Are there any legal proceedings over the ownership of your home?    Yes    No

Do you have a Mortgage / Reverse Mortgage?    Yes    No

If yes—send current monthly statement

Do you reside in the home?    Yes    No

Do you plan to stay in your home?    Yes    No

Is the home a mobile or pre-manufactured home?    Yes    No

The house is a:    One Story    One and one-half story    Two Story    Three Story

Do you own property (land or homes) other than the home you live in?    Yes    No

Do you have homeowners insurance?    Yes    No

What is the name of the insurance company: \_\_\_\_\_

How many years have you owned the home? \_\_\_\_\_

How many bedrooms are in the home? \_\_\_\_\_

What is the name of your neighborhood? \_\_\_\_\_

