

A Brush with Kindness Rancho Cordova Home Repair Application

Applicant/Homeowner Name:		
Address:		
Phone Number:	Email:	
Do you own your home? Yes	No Number of people in the home:	
Do you have current homeowners insur	rance? Yes No	
What type of A Brush with Kindr	ness repairs are you interested in?	
External paint Yard clean u	p Landscaping Fencing	
 c. CA driver's license or other identification d. 2020 tax return, or, if I do not file taxes, I application) and verification of current inc 	ent mortgage statement); (current homeowners insurance policy declaration page); ; and can provide a written explanation (statement of fact included with the come.	
If my property is selected as an A Brush with Kindness project site, I agree to the following:		
I will participate in the work on my property whave conflicts with school, work, family, etc. I understand that all pets must be kept inside Volunteers will only be given access to the einside of my home for any reason. Habitat will understand that a member of the Habitat fo schedule an appointment with me to review the Partner Agreement prior to the project. I understand no other work will be done on me	external areas of my property. Volunteers will not need access to the II NOT perform any repairs on the interior of the home. If Humanity of Greater Sacramento Homeowner Services department will the work to be done on my home and to complete a formal Homeowner by property beyond what is communicated with me in my Homeowner of Greater Sacramento. On site personnel and volunteers will not be	
Applicant Signature	Date	
Return completed application to Habitat for Mail to 819 N. 10th Street, Sacramento, CA 9	or Humanity of Greater Sacramento via either:	

- Mail to 819 N. 10th Street, Sacramento, CA 95811 OR
- Email to CStevenson@habitatgreatersac.org

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This program and application period is made possible through the City of Rancho Cordova's Community Enhancement Fund.

For more information, email CStevenson@habitatgreatersac.org





Statement of Fact

Applicant(s) Name:		Date:
We,	(Last, First Name) living at	
(Street Address), City of	, State of	.
We do voluntarily make the follo	owing statement(s) of fact:	
	(First on is true and accurate. I realize th	
-	for any penalties in a court of law	-
	y that the foregoing is true and cor (Month/Day/Year),	
	,	·
Signature	(Witness)	
Signature		