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[www.habitatosceola.org](http://www.habitatosceola.org)

**Brush With Kindness Application**  
 Please Complete and Fax or Mail to Habitat Osceola

First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

**MONTHLY INCOME:** You must disclose ALL sources of earned income for ALL household members 18 years of age or older.

	HEAD OF HOUSEHOLD	SPOUSE	OTHER
Employment (incl. OT., etc.)	\$	\$	\$
Social Security/SSDI	\$	\$	\$
V.A.	\$	\$	\$
Pension	\$	\$	\$
Disability (other than SSDI)	\$	\$	\$
Unemployment Benefits	\$	\$	\$
Net Income – Self-Employed	\$	\$	\$
Net Income – Real Estate	\$	\$	\$
Welfare	\$	\$	\$
Income from Others	\$	\$	\$
Alimony	\$	\$	\$
Child Support	\$	\$	\$
Other Source	\$	\$	\$
TOTAL:	(A) \$	(B)\$	(C)\$
Grand Total Income ( A+B+C):	\$ _____ X 12 (months) = \$ _____ (D)		

**\*IMPORTANT: READ BEFORE SIGNING\***

I/We understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income, asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. I/We further understand that any willful misstatement of information will be grounds for disqualification. I/We certify that the application information provided is true and complete to the best of my/our knowledge. I/We consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/We agree to provide any documentation needed to assist in determining eligibility and am/are aware that all information and documents provided are a matter of public record.

This is a Brush with Kindness project. No warranty is implied. Habitat for Humanity® is a non-profit organization. All labor is performed with permission and provided by volunteers. All work is performed in good faith.

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Applicant Signature

Print Name

Date

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Co-Applicant Signature

Print Name

Date