



A Brush with Kindness Home Repair Application



Applicant (Owner)

Name: _____

Address: _____

Date of Birth: ____/____/____

Marital Status: (*Optional – circle one*)
Single Married Separated Divorced Widowed

Phone Number (home/cell): _____

Monthly Income (\$): _____

Type of Income: (*Circle all that apply*)
Employment Social Security Disability Pension Other

Co-Applicant

Name: _____

Address: _____

Date of Birth: ____/____/____

Marital Status: (*Optional – circle one*)
Single Married Separated Divorced Widowed

Phone Number (home/cell): _____

Monthly Income (\$): _____

Type of Income: (*Circle all that apply*)
Employment Social Security Disability Pension Other

All Members Living in Household – Include Name and Date of Birth

Description of Repairs needed:

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Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____

Submit your application to PO Box 336, Geneseo, NY 14454 or livingstonhfh@gmail.com
Questions: 585-335-5634

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date Application Received: ____/____/____
Commencement Date: ____/____/____

Date of Home Visit: ____/____/____
Completion Date: ____/____/____