



Many Hands

A Brush With Kindness | Light Work | Ramp-Up

Mail or fax to:
 Iowa Valley Habitat for Humanity
 2401 Scott Blvd.
 Iowa City, IA 52240
 Fax 319.354.3527

Section 1: Homeowner/Primary Resident Information

Full Name	Date of Birth
Home Address (include City, State, and Zip) _____ _____ _____	Email Address
	County
Telephone Numbers (please include area code) Primary: _____ Secondary: _____	Do you own your own home? Yes No If so, how many years have you been living there? _____

How many people live in your home? _____

Section 2: Work Request

What Many Hands service do you need? *Light Work* *Ramp-Up* *A Brush With Kindness*

If Light Work: How big is your furnace filter? How many light bulbs and smoke alarm batteries do you need?

If Ramp-Up: Describe where the ramp would be located. Which entrance? Where should the ramp end?

If ABWK: What needs paint? If we supply paint, can you complete the job, or are volunteers needed?

Section 3: Special Needs

Does the homeowner or anyone in the home require a wheelchair for mobility? Yes No

Section 4: Household Income and Mortgage Information

Please list the total combined yearly income (before taxes) for every adult living in the household. (You do not have to include this information if you are ONLY applying for Light Work)

\$ _____ per year.

Attach verification of ALL household income for EACH ADULT in the house.

- Verification of income may include the most recent income tax return, monthly social security statement, other retirement income statements, employment paycheck stubs, benefits for children, etc. (*Please note on the attached statements if they represent annual, monthly, biweekly or weekly income.*)
- If an adult of the household is a full time student please provide proof of student status.

Section 5: Proof of Homeownership

If needed, attach a copy of the deed to your home or a property tax receipt as proof of homeownership. All documents must contain the name and address of the applicant.

Section 6: Media and Publicity

If *Many Hands* selects your project, pictures of you, your family, and your home may be taken and IVHFH will share your story with media outlets or on our website. Are you willing to have your pictures and story shared with media outlets? (Please circle one.)

Yes No

Where did you learn about the Many Hands program? (Please circle any that apply.)

TV Radio Newspaper Flyer Internet Friend/Neighbor Community Organization

Section 7: Funding

Many Hands aims at providing an affordable alternative for home maintenance and accessibility. **However, none of the work done by Iowa Valley Habitat is free.** Sometimes grant funding will offset materials costs. In order to keep projects affordable, Many Hands utilizes volunteer labor and works with individuals to create a manageable repayment plan:

- No interest loans are granted, when required, to cover material and minimal administrative costs.
- Loans are to be repaid with \$5.00 - \$50.00 payments per month, depending on your ability to repay. This will be arranged prior to receiving service.
- It is required that you have current, valid homeowners insurance before Many Hands volunteers can work on your home.

Disclaimer:

While all requests will be considered, an application's acceptance will depend upon the repair project. Iowa Valley Habitat for Humanity will assess the scope of the project and the final decision will be made at the discretion of IVHFH. Prior to work beginning, a written agreement with details of the scope of work and repayment may be required.

Please keep in mind that our volunteers are not professionals and may not have the capacity to complete all requested repairs.

Section 8: Applicant's Agreement

I certify that the information on this application is accurate and that I own the property at the address given on this application. *I have no present intention to move or offer my home for sale for at least three years.*

I confirm that any physically able person residing in my home or visiting for the project day(s) will contribute to the project in some way, either by working alongside the *Many Hands* volunteers or providing hospitality. I confirm that, except for the conditions listed above, my home is a safe place for volunteers.

To the extent permitted by law and without affecting the coverage proved by the required homeowners' insurance, I agree to sign the release and waiver of liability.

Applicant Signature

Date

For office use only:

Date Received:

City Citation:

Referred by:

Phone No.: