



Fall Brush with Kindness

Let Raritan Valley Habitat help with your fall clean-up and smoke detector maintenance.

- Fall Foliage Removal
- Leaf Raking and Bagging
- Gutter Cleaning for Seasonal Rain
- Clearing brush
- Replacing smoke detector batteries.

Maximum Incomes to Qualify:

Household Size	Max. Income
1 person	\$80,024
2 people	\$91,456
3 people	\$102,888
4 people	\$114,320
5 people	\$123,466
6 people	\$132,611
7 people	\$141,757
8+ people	\$150,902

To qualify for RV Habitat repair programs, applicants must own their home, live in Hunterdon or Somerset Counties, and have household income at or below 80% of the Area Median Income as adopted by the Council on Affordable Housing (see above).

Allow us to assist you in getting your yard in tip-top shape for the autumn season.

To apply, fill out the application on the other side of this flyer or email homeownerservices@rvhabitat.org.

Brush with Kindness is offered free of charge, however donations are gratefully appreciated. Volunteers welcome!

For more information contact: Jillian Kessler
 908-704-0016, ext 100 or homeownerservices@rvhabitat.org
www.rvhabitat.org



Raritan Valley Habitat is pledged to the letter and spirit of U.S. and State of NJ policy for the achievement of equal housing opportunity throughout the nation. Raritan Valley Habitat does not discriminate against any person on the basis of race, religion, color, national origin, ancestry, nationality, marital or domestic partnership or civil union status, familial status, sex, gender identity or expression, sexual orientation, age, disability, source of lawful income, receipt of public assistance, because an individual has exercised a right under the federal Consumer Credit Protection Act, or any other characteristic or class protected by federal or state statute with regard to housing.



Brush with Kindness Application

Homeowner Name(s) _____

Phone _____ Email _____

Full Address _____

Mailing Address (if different) _____

Do you own your home? Yes ___ No ___ Is this your primary residence? Yes ___ No ___

Homeowner(s) Date(s) of Birth _____ Number of people in household _____

Number of dependent children under 18 _____

Total Household Gross Income (all household members 18+): _____

Have you received help from us before? Yes ___ No ___ If yes, what year(s)? _____

Is there a pet in the home? Yes ___ No ___ If yes, what kind _____

Please briefly describe the work you would like to have done: (if you have a larger project you would like considered, please note it below and provide a detailed description on a separate piece of paper.)

The following information is requested by the Federal Government to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race, ethnicity, and gender of applicants based on visual observation or surname.

Are you or any household members currently serving or have any household members ever served in the U.S. military? (Yes/No)	Do you or any household members have a disability?(Yes/No)
Race (Please Circle Applicable): Black/African American, White, Asian, Native Hawaiian/Pacific Islander, Rather Not Say	Ethnicity (Please Circle Applicable): Hispanic or Latino, Not Hispanic or Latino, Rather Not Say