

**Brush-up Our Veterans — Lehigh Valley**

**PAINTING THE EXTERIOR OF VETERANS HOMES  
In the Lehigh Valley**

**2022  
BRUSH-UP OUR VETERANS  
HOMEOWNER APPLICATION**

**APPLICATION PROCESS**

**Complete and sign the application form  
Attach all requested documents per the checklist**

**Mail to:**

**Greater Lehigh Valley Chamber of Commerce  
Brush-up Our Veterans—Lehigh Valley  
74 W. Broad St., Suite 240  
Bethlehem, PA 18018**

**APPLICATION DEADLINE**

**March 1, 2022**

**For more information, or help in completing this form  
Contact Alison Pickel at the Lehigh Valley Chamber of Commerce at  
[alisonp@lehighvalleychamber.org](mailto:alisonp@lehighvalleychamber.org) or 610-739-1512**

## BRUSH-UP OUR VETERANS INFORMATION

Brush-up Our Veterans is a project that coordinates the efforts of volunteers to paint the outside of homes of low-income elderly or permanently honorably discharged, disabled veterans and their surviving spouses. It is designed for homeowners who cannot afford to hire to have the work done, do not have the physical ability to do the work themselves, and do not have relatives who can do the work for them.

- Sherwin-Williams will provide high quality paint. If selected, you choose colors from a paint chart.
- Volunteers paint selected houses, **without charge to the homeowner**.
- The Brush-up Our Veterans Committee will determine which houses will be painted based on the owner's age, disability, and financial need, as well as the condition and size of the house, and availability of volunteers.
- Selected homeowners will be notified by March 15, 2022.
- The volunteer crew will prepare the house the week of April 16-22, 2022.
- **Painting will be done on Saturday & Sunday, April 23-24, 2022.**

### ELIGIBILITY REQUIREMENTS

- Your house must be in Lehigh County or Northampton County.
- The veteran, spouse, or surviving spouse must be 60 years of age or older **or** have a permanent disability at any age, **and** own the home that needs painting.
- Your home must be a single family dwelling that you occupy yourself. The house must be structurally sound and not in need of major repairs.
- Because we are volunteers, we cannot paint homes higher than 2 stories.
- We are unable to paint 2 story homes with additional dormers.
- House selection will be based on various factors such as: income, disabilities, condition of house/property, etc.

## APPLICATION

\_\_\_\_\_  
Name of Applicant (Homeowner)                      Age

\_\_\_\_\_  
Spouse    Age

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                                      Zip Code

\_\_\_\_\_  
Home Phone              Cell Phone              Email

List **all** additional persons living in the house:

Name:	Relationship:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total number of persons living in the household \_\_\_\_\_

(If this information is incorrect, I understand the project can be terminated)

Names of relatives living in or near this area (to be used in case of emergency):

Name _____	Telephone _____
Name _____	Telephone _____

Are you permanently disabled? Yes \_\_\_ No \_\_\_

Explain: \_\_\_\_\_

(If you are under 60, you must enclose verification of your disability, for example SSI or SSD letter, VA letter, or bank statement, and your source of income).

Do you have a relative or friend who would like to help? Yes \_\_\_ No \_\_\_

If selected, do you give permission for media to photograph your home? Yes \_\_\_ No \_\_\_

### HOUSE INFORMATION

Is the house deeded in your name or your name and spouse? Yes\_\_\_\_ No\_\_\_\_

The house is: One story\_\_\_\_ One and one-half story\_\_\_\_ Two stories\_\_\_\_

### INCOME INFORMATION

	Household Monthly Income	(For Office Use Only) Income Verification
Social Security	\$ _____	
SSI or SSD	\$ _____	
VA Disability Compensation	\$ _____	
AFDC	\$ _____	
Salaries	\$ _____	
Alimony & Child Support	\$ _____	
Interest & Dividends	\$ _____	
Pensions & Annuities	\$ _____	
Rental Income	\$ _____	
Other Income	\$ _____	
<b>Total Monthly Household Income</b>	<b>\$ _____</b>	

“INCOME” means the combined amount of money received by all people living in the house. This information will remain confidential to the Selection Committee:

Monthly Non-Reimbursed Medical Expenses (optional) \$ \_\_\_\_\_  
(Includes prescriptions Part D, co-pays and supplemental insurance premiums)

Are you on Medicaid through the State of Pennsylvania? \_\_\_ Yes \_\_\_ No

## CHECKLIST

### ALL documents must be sent with your application.

If we do not receive ALL necessary documents with your application, the review and approval of your application will be significantly delayed. Please send COPIES that apply to your household. Do not include original documents.

- ◇ APPLICATION filled out completely and signed on last page
- ◇ Veteran's DD-214 or other proof of honorable active duty U.S. military service
- ◇ Property deed (available at the county recorder of deeds if a copy is needed)
- ◇ INCOME DOCUMENTATION for ALL adults age 18+ in the home. Send all documents that apply to your household:
  - VA income—Statement letter for current year
  - Social Security income—Explanation of Benefit Letter for current year
  - Wages: Two consecutive month's pay stubs (most current)
  - ANY other source of income: a statement verifying the amount of income
- ◇ FINANCIAL DOCUMENTATION for applicant/applicant's spouse
  - ◇ FULL BANK STATEMENTS (two consecutive months) for ALL accounts (checking, savings, CD, etc.) for ALL adults age 18+ in the home
  - ◇ For stocks, bonds, retirement accounts (IRA, 401k, etc.) or any other assets with cash value, include a statement within the past two months showing the current value.
  - ◇ MORTGAGE/REVERSE MORTGAGE—If applicable. Send most current statement
- ◇ Proof of medical expenses (optional)

## **NONDISCRIMINATORY POLICY**

Brush Up Our Veterans—Lehigh Valley does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.

## **PHOTOGRAPHIC AUTHORIZATION AND RELEASE STATEMENT**

I do hereby grant and convey unto Brush Up Our Veterans—Lehigh Valley all right, title, and interest in any and all photographic images and video or audio recordings made by Brush Up Our Veterans—Lehigh Valley. I am willing to have my picture taken and/or my voice recorded and grant Brush Up Our Veterans—Lehigh Valley permission to use my picture, my voice and physical surroundings without restriction for the purposes of this project, be it print, projection, internet web site, video or any future media market.

I expressly release Brush Up Our Veterans—Lehigh Valley or representatives or any institution transmitting, or exhibiting my picture or voice from any claims arising from such use or distribution.

I agree to be fully responsible for my own participation and hold Brush Up Our Veterans—Lehigh Valley or representatives harmless from any liability or loss of expense arising from the use of my picture or voice. I also consent to the use of my name, my voice and/or picture, and other material about me for promotional, publicity, or organizational purposes.

## **AUTHORIZATION TO RELEASE STATEMENT**

The undersigned applicant(s) (“Applicant”) declares that he/she has read and understands Brush Up Our Veterans—Lehigh Valley Homeowner Application (“Application”) and that the information that he/she has provided in the Application is true and correct to the best of his/her knowledge. The Applicant acknowledges and agrees that any information provided in the Application that is false, inaccurate, or misleading will void the Application entirely and disqualify the Applicant from Brush Up Our Veterans—Lehigh Valley Application selection process. Further, the Applicant agrees and authorizes Brush Up Our Veterans—Lehigh Valley, as well as its agents, employees, and representatives, to (a) distribute, share, and use any and all information that the Applicant provides in this Application to verify and/or confirm the truth of such information, (b) to assist and/or enable Brush Up Our Veterans—Lehigh Valley to evaluate whether to approve or select the Applicant’s Application and (c) to distribute and share any and all information that the Applicant provides with other community service organizations whose service may benefit the homeowner. The original or a copy of this application may be retained even if the application is not approved.

I understand that by filing this application, I am authorizing Brush Up Our Veterans—Lehigh Valley to evaluate my actual need for the program.

I understand that the evaluation will include an exterior home assessment, and may include employment verification and title search.

Applicant Signature	Date	Spouse Signature	Date
Printed Applicant Name		Printed Spouse Name	