

NOW PROJECT APPLICATION**PART ONE: APPLICANT INFORMATION**

Applicant Name(s): _____
First & Last Name

Date of Birth(s): _____ **Cell Phone #:** _____

Email Address: _____

Address: _____
City *Zip*

Residence Is: Mobile Home Single Family Dwelling Apartment Other: _____

If this is a mobile home, what is the park name? _____

Are you the homeowner? Yes No **Do you have home insurance?** Yes No

Check all that apply: Elderly Widowed Disabled Single Parent

Veteran Current/Former Foster Youth

Employment: Full Time Part-Time Retired Unemployed

Monthly Household Income: \$ _____ **# Household Members:** _____

Check all benefits that you currently receive: Low Income Housing/Section 8

In Home Support Service (IHSS) Home Energy Assistance Transitional Living

Disability Benefits Medicare Medical/Medicaid Food Stamps

Social Security Supplemental Security Income (SSI)

Other(s): _____

Do you currently receive assistance from other churches / NGOs? Yes No

Name of churches /non government organizations: _____

Who referred you to ACTION vc? _____

Emergency Contact: _____
First & Last Name *Relation* *Phone #*

I/we verify that all information on the Application is correct, as affirmed by my/our Initial(s).

Applicant(s) Initials

Date

PART TWO: PROJECT REQUEST

Please Check All That Apply: Toilet Leak Toilet Handle Repair Shower Head Mod
 Drain Blockage Screen Repair/ Replacement Entryway Lock/ Door Knob Install
 Drywall Patch Smoke Detector Install Flooring Repair Furnace Filter Repair
 Toilet replacement* Garbage disposal replacement* Faucet leaks*
 Outlet installation* Light switch repair* Ceiling fan installation*

** Projects depend on a case by case basis and require an additional waiver. The project being requested is starred, please include section III.*

Describe what is currently the issue:

Location of Project(s): _____

Are you able to cover the material cost? Full Partial Not Able Up to: _____

Please sign to certify that the above information is correct.

Your Signature

Date

PART THREE: LIABILITY WAIVER

I/we give permission for ACTION VC and its volunteers to perform repairs/improvements at my/our home. I/we understand that if I am/we are selected, the repairs/improvements will be made on the specified date and that some preparation may be necessary prior to this date. I/ we understand that LABOR of all repairs/improvements will be performed free of charge; ACTION VC and its volunteers disclaim all warranties, expressed or implied concerning the repairs/improvements; and some or all of the volunteers may be unskilled. I/we agree that I/we will cooperate with the Project Leader and the team of volunteers and that I/we will not interfere in their line of work. In consideration of all repairs/improvements, I/we further waive and release from all liability, promise not to sue, hold ACTION VC and its staff, donors, volunteers, and partners, collectively and individually, harmless from any claims, including claims of negligence or intentional acts on the part of ACTION VC (except gross negligence or intentional acts that should reasonably be expected to result in harm, which we will disclose to ACTION VC in a timely manner), and any other liabilities arising at any time as a result of the repairs/improvements, including, without limitations, any rights or causes of action resulting from personal injury or death, damage to the property, or any other damage directly or indirectly arising from any improperly performed repairs/ improvements, or defects in the materials of workmanship. I/we understand that if there are animals or pets on the property, I/we will be responsible for removing them from the worksite prior to the commencement of work and for keeping them off the worksite during the conduct of work on my home by ACTION VC. I/we understand that no work will be done by ACTION VC volunteers or contractors with animals interfering on the worksite. I/we allow ACTION VC to use my/our name(s), photo(s), video(s), and interview(s), if any, in conjunction with the repairs/improvements of my/our house. No inducements or promises have been made to me/us to secure my/our signature(s) to this release, other than the intention of ACTION VC to perform repairs and/or improvements.

I/ we have read the Application and Liability Waiver and thoroughly understand it, as affirmed by my/our signature(s) below.

 Applicant(s) Signature

 Date

 Homeowner(s) Signature

 Date

 Park Management Signature (If needed)

 Date

Please return the completed Application and signed Liability Waiver to us by mail, email, or fax (805) 987- 0334 in order for us to continue processing your project request. If needed, an assessment of the project will be done prior to the build/ install/completion from ACTION VC. Our volunteer will contact you to do the assessment.