

COMMUNITY REHAB PROJECT

June 11-15, 2019

**Mail completed Application
By April 15, 2019 to:**

**Community Rehab Project
202 SW Ave B
Seminole, TX 79360**

Application Information

Date: _____

Last Name		First Name		Middle Name/Initial	
Physical Address				Phone	
Mailing Address				City	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth		Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	
Resident Name(s)	Age(s)	Resident Name(s)	Age(s)	Resident Name(s)	Age(s)
If you own any dogs, what breed(s)?				Dog Pen? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Property Information

How long have you lived at this residence?	Do you own or are you currently buying this home? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lending Institution (If Financed)	Phone Number of Lending Institution (If Financed)
Do you have any unpaid property taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No (Attach copy of paid receipt)	Are there any outstanding judgments against this property? <input type="checkbox"/> Yes <input type="checkbox"/> No
What outside repairs do you think are needed on your home:	

Total Family Annual Income

Do you file a Federal Income Tax Return? <input type="checkbox"/> Yes (Attach copy of most recent) <input type="checkbox"/> No
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Please List ALL sources and amount of income, including any salary, wages, pensions, social security, military pay, or self-employment. **Financial information must be complete for application to be considered.**

Source of Income	Amount	Source Name
Location of any additional real estate properties	Do you receive any income from these properties? <input type="checkbox"/> Yes <input type="checkbox"/> No	

(see other side)

Liabilities

List major debts, monthly payments, including credit card debt, all loans, medical and mortgage debt:

Can you or a family representative be home a majority of the Project workday? _____

Agreement

I am not presently planning to, nor do I intend within the next two years, to sell my home. I agree to pay back this program all the monies for materials if I sell my home within the next two year period. I, the undersigned, certify subject to disqualification and/or penalty, that this information is true and correct to the best of my knowledge and belief, and that the provisions stayed are accepted and agreed to. You are authorized to confirm my ownership, check my/our criminal, credit and employment history.

Applicant's Signature

Date

Co-Applicant's Signature

Date

RELEASE AND HOLD HARMLESS AGREEMENT

That I _____, desiring my home to participate in this program by volunteers do agree to indemnify and hold harmless and defend the Community Rehab Project program, its volunteers, officers, agents, and employees from and against all claims, suit, liability, demands or causes of action, for injury to or death of any person or for damage to any property, including court cost and attorney fees, arising from or in connection with my participation in the Community Rehab Project program, whether or not said claims, demands, causes of action are caused by the sole negligence of Community Rehab Project, its volunteers, employees, agents or servants, or whether it was caused by concurrent negligence of Community Rehab Project and a party to this agreement, or whether it was caused by concurrent negligence of Community Rehab Project and some other third party.

Before signing the Release and Hold Harmless Agreement, I read it fully and understand its terms.

Signed this _____ day of _____, 2019

Signature: _____

Printed Name: _____

For Office Use Only:
Received _____
Section _____
Letter Sent _____
Date Completed _____

**Must be mailed by
April 15, 2019 to:**
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202 SW Ave B
Seminole, TX 79360**

