



Repair Affair Application for Repairs

Please fill out completely. **INCOMPLETE APPLICATION WILL NOT BE CONSIDERED.** You will be required to provide written proof of home ownership, residency, household income, and age and/or disability in order to qualify. Please mail all applications to **P.O. Box 383, Munfordville, Ky. 42765.** Applications must be received by **July 31, 2010** to be considered.

DO YOU OWN YOUR OWN HOME?

NO We're sorry but you are not eligible

YES

IS SOMEONE IN YOUR HOME ELDERLY (60+) OR PERMANENTLY DISABLED?

NO We're sorry but you are not eligible

YES

DOES GROSS HOUSEHOLD INCOME EXCEED?

NO

in household 1- \$1,174

in household 2- \$1,578

in household 3- \$1,984

YES We're sorry but you are not eligible

For each additional household member, add \$406

HOUSEHOLD COMPOSITION AND INCOME

<u>NAME</u>	<u>RELATION</u>	<u>AGE</u>	<u>SEX</u>	<u>SOURCE OF MONTHLY INCOME</u>	<u>AMOUNT</u>

APPLICANT INFORMATION

Name _____

Telephone _____ Other Contact # _____

Home Address _____

Number of Adults (18 or older) in home _____

Number of Children (Under 18 years of age) in home _____

What type of repair(s) does your home need the most?

Repair Affair () does have my permission () does not have my permission to use my photograph in publicity releases in the future. I understand that my photograph may also be used for brochures or other information to promote Repair Affair.

I/We, the undersigned, hereby apply for free home repairs under the Hart County Repair Affair program. I/We, certify under penalty of law, that all statements made herein are true and correct to the best of my/our knowledge; that I/we own the home which I/we reside, and that it is my/our principal residence, that the home is located within the Hart County area and I/we meet the age or disability and income requirements of the program; and that I/we will be required to provide written third-party verification of the same.

I/We understand that the acceptance of this application does not guarantee that I/we will receive any free home repairs. I/We further acknowledge that any free home repairs I/we might receive from this program will be performed by volunteer workers who may or may not be property licensed, trained, and/or otherwise qualified to perform such repairs, and that I/we assume all risk associated with these repairs. Therefore, I/we hereby agree to release and hold harmless Hart County Repair Affair, Helping All Recover Together, their officers, employees, volunteers, and contributors, for any and all liability for damages and/or injuries to or on my/our property and/or person(s) as a result of my/our receiving free home repairs under Hart County's Repair Affair Program.

Home Owner Signature: _____ Date: _____

Home Owner Signature: _____ Date: _____

PLEASE COMPLETE ENTIRE APPLICATIONS AND ATTACH A COPY OF PROOF OF HOME OWNERSHIP (DEED), PROOF OF HOUSEHOLD INCOME. APPLICATIONS WILL NOT BE CONSIDERED IF NOT COMPLETED.

EVENT DATE WILL BE SEPTEMBER 25TH, 2010.