APPLICATION FOR HOME IMPROVEMENT PROGRAM

RICH-MAR ROTARY APPALACHIAN MISSION IMPACT GROUP MULLENS APPALACHIA MISSION

PO BOX 96 GIBSONIA, PA 15044





Please Complete All Four (4) Pages

Date			*** <u>M</u>	ust be a Working Phone & Number***
Name			Phone	
Mailing Address			City	
911 or Physical Addre	ss		City	
DETAILED directions	s from Wyoming Ea	ast High School:	*** <u>Must Be A</u>	ccuratePlease double check***
				_
Referred by:	Ph	none:		
Total number of peopl Type of home (circle o Style of home (circle o Do you have an electri	e in your household ne): House ne): One Story cal service?	l: Num Mobile Home/T Two Story Do you have	ber of people w railer Three Story e a functioning	ith disabilities: Otherindoor bathroom?
People in household: <u>First Name</u> :	Middle Initial:	Last Name:		<u>Date of Birth:</u>

Page 1

PROOF OF INCOME AND EXPENSES

Average Total Monthly Household Income \$						
Please check and fill out all that apply:						
() I am employed.						
Place of Employment My monthly take home pay \$						
() I am retired. Monthly retirement check \$						
() I am not employed. Monthly unemployment check \$						
() I am disabled. Explain disability: My disability Check \$						
Please check all income you receive and list amount you receive per month:						
() TANF						
() Social Security \$						
() Veterans Pension \$						
() Alimony \$						
() Child Support \$						
() Black Lung §						
() Pension						
() Other						
AVERAGE MONTHLY HOUSEHOLD EXPENSES: \$ Any other significant expenses?						

What are the three (3) most important repairs needed for your house? (include brief description of work to be done):
1
2
3
Do you own any materials needed for the job (circle one) Yes No
If yes, what materials?
Will you or anyone in your family be able to help with repairs? (Circle one) Yes No
Other comments:
will consist of adults and teenagers. There should be someone present at your residence while we are completing th repairs at all times. If we are unable to work on your home, we will keep your application on-file for futur volunteers. IMPORTANT CONDITIONS We cannot work on jobsites where drugs are present, where occupants are intoxicated or where residents of their guests use inappropriate language. If such a situation arises, we will remove all of our workers, tools, equipment and unused building materials and leave the jobsite immediately. We will perform repairs to the best of our abilities. We are not professional contractors and provide no warranties &/or guarantees but will put forth our best effort to repair your residence. By signing below, you accept these conditions.
Homeowner:
SignatureDate
<u>LIABILITY RELEASE</u>
I hereby release the following groups and individuals from all liability resulting from the repair work carried out on my dwelling and/or property during the Home Repair Program. This includes any and all claims regarding the quality of materials and any consequential damages. Groups and individuals are defined as Rich-Ma Appalachia Mission Impact Group and their staff and volunteers.
Homeowner:
Signed Date Page 3

INFORMATION RELEASE

I, the undersigned, have asked for assistance through Rich-Mar Appalachia Mission Impact Group for home repair, and/or other help. In consideration of any help given, I grant Rich-Mar Appalachia Mission Impact Group permission to seek information concerning finances from appropriate sources in regard to this application and I also grant permission to Rich-Mar Appalachia Mission Impact Group to share the information contained in this application form with appropriate persons. In addition, I grant Rich-Mar Appalachia Mission Impact Group permission to take pictures of the requested home repair both before and after the work is completed for use in promotional literature. The confidentiality of all the people involved will be maintained in any use of these pictures.

Homeowner:			
Signed		Date	
	* <u>NOTE</u> : of information may lead to disqual	ification from the pr	ogram and others.
1110 11110111011011011	or miormation may tout to unsquan		ogram and veners.
Homeowner:			
Signed		Date	
THE APPLICA	ATION MUST BE MAI	LED TO THE	ADDRESS ON
THE TOP OF I	PAGE ONE BY March 1	, 2025 TO BE	CONSIDERED
	FOR HOME REPAIR	ASSISTANCE	<u>C</u>

		to	with
Reasons for rejection: _			
_	Not enough time		
-	Does [not] fit our skill set Travel time considerations		
_			
_	Job site needs to be cleaned up Not a safe work environment		
_			
	Funding not available Rental Unit		
	Other		
<u> </u>	Oma		

Applications are available now.

Return applications by March 1, 2025, to the address on Page 1 at the top. If you are selected for a pretrip visit, you will be called by March 18th, 2025

Our pretrip is March 27,28 and 29, 2025. If you are selected for a home repair job you will be notified by April 30th, 2025. If you are not notified, you have not been selected for a home repair job this year.