Insert Organization Name Here

Insert Organization Address, Phone/Fax Number and Website Site Info Here

APPLICATION FOR HOUSING SERVICES

**Filling out an application does not guarantee that we will work with you.**

* Anyone may apply for services. The Organization Name gives preference to the elderly, the disabled and those with school age children.
* Applicants may not own any property other than the one we build or rebuild for you.
* Applicants must have lived in enter effect city or state before enter natural disaster. For our enter name of housing program program for new homeowners, applicants who have lived or worked here for at least 3 years may also be eligible.
* For rebuilding services, applicants must own a house in need of rebuilding in enter effected city or state. Applicants will need to show they can sustain a home and *may* need to provide funds for supplies. You will not be able to live in the home while it is being rehabilitated and you will need to give us a key.
* For our housing program, applicants must have a steady source of income, even if low (see details on last page), and will pay a mortgage based on 25% of income.

**Clients accepted into our program must agree to use our designated materials.**

Filling out this application is only the FIRST STEP in the process:

* 1 – 4 weeks after turning in the application you will be called for a PHONE interview.
* Organization Name will then schedule an IN PERSON interview with a Case Manager.
* For rebuilding applicants, Organization Name will send a construction scout out to look at your home.
* Finally a Organization Name Case Manager will call you to discuss the next steps.

AT THE FIRST INTERVIEW YOU WILL NEED TO BRING:

* Title or Deed to House (The name on the title must be the name on application)
* Homeowner Assistance Program Name Award Letter
* FEMA Award Letter
* Insurance Award Letter (Flood and Homeowner)
* Last Year’s Tax Returns
* Last Three Months Bank Statements
* Last Three Months Paystubs/Pension
* Disability or Social Security Award Letter
* **ALL** Receipts for Labor and Supplies purchased to date
* Copy of Police Report for Contractor Fraud
* Copy of electric, plumbing and mold certificates and building permit

Insert Organization Name Here

Insert Organization Address, Phone/Fax Number and Website Site Info Here

Insert Organization Name Here APPLICATION FOR HOUSING SERVICES

(If you need more space for any answer, please continue on the back of the page.

**Personal Information Date of Application:­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant(s): ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB(s):­­­­­­­­­­­­­­­­­­­ ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of home in need of repair:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_ Cell: ­\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_ Email: ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status (circle one): Single Married Divorced Widowed Separated Domestic Partner

How long have you lived in City and State? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently living (check one): In home needing repairs \_\_\_\_ In a FEMA trailer \_\_\_\_\_ Renting \_\_\_\_ With family or friends \_\_\_\_ Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address before natural disaster: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Before natural disaster did you (check one): Own a home \_\_\_\_ Own a Mobile Home \_\_\_\_ Rent \_\_\_\_ Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you working before the storm: Yes/No Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the insert Organization Name builds or rebuilds your home, who will live in the home with you?

Name Date of Birth Relationship to You

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Financial Information**

What is the **annual income** of each household member from any source?

Source of Income Name of Household Member Annual Income

Wages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Benefits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disability Benefits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unemployment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alimony \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your **monthly expenses?** Monthly payment Outstanding balance (if applicable)

Mortgage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Homeowners Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Flood Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Utilities (gas, electric, water, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alimony \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Car Payment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Car Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Bills \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Loans \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Cards \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your **assets?** Total Value

Checking accounts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Savings accounts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Retirement accounts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Automobiles (year, make & model) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Real Estate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? (Please be specific.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Story** – Is there any more information about you situation you would like us to know? (Feel free to continue on the back.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I agree that the information provided in this Application for Housing Services, including each of the following pages is accurate and truthful. If the Insert Organization Name helps me repair my home, I agree to live there as my primary residence for at least five (5) years. If I purchase a new home through the Insert Organization Name, I agree to live there as my primary residence for at least three (3) years, and to repay part of the value of the home if I subsequently sell, as specified in an agreement with the Insert Organization Name. Any inaccurate or fraudulent information will result in immediate dismissal from the program and/or criminal prosecution.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

 Applicant Signature Date

**Information on Existing Property** (Complete if your home needs repairs or is a vacant lot).

Address of property: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name(s) on Deed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you own a:  house in need of repair  vacant lot? Is this your only property?  Yes  No

When did you purchase this property? \_\_\_\_\_\_\_ How long did you intend to live here? \_\_\_\_\_\_\_

What money did you use to purchase property? (Additional compensation grant (ACG), savings, inherited it, lawsuit settlement, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of **rebuilding assistance** have you received or do you expect to receive (if any)?

Type of Assistance Amount Already Received Amount Expected Date Expected

ACG \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

ICC/IMM/HMGP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Flood Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Homeowners Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

SBA Loan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Traditional Loan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Answer the following questions if you have a **home in need of repair:**

Square feet of home \_\_\_\_\_\_\_\_\_ No. of stories \_\_\_\_ No. of bedrooms \_\_\_\_ No. of baths \_\_\_\_

Have you hired a **contractor** for the home?  Yes  No Contractor’s Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount paid: ­­­\_\_\_\_\_\_\_\_\_ Was there fraud?  Yes  No Was a police report filed?  Yes  No

Work contractor agreed to do: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work done: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Status of Home** Completed Not Completed Not Sure

Gutted \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Roof Repairs \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Electrical \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Plumbing \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Mold Remediation \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Air Conditioning \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a building permit?  Yes  No Do you have a mold certification?  Yes  No

Had your home passed electric inspection?  Yes  No

Has your home passed plumbing inspections?  Yes  No

**Information for New Homeowners** (Complete if you are interested in purchasing a home.)

In what area would you prefer to live? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to participate in a homeownership education class, a financial literacy class and to complete all the requirements?  Yes  No

If you purchase a home through insert Organization Name, do you:

|  |  |
| --- | --- |
| Agree to make your mortgage payments promptly each month? |  Yes  No  |
| Agree to pay all real property taxes, homeowners and flood insurance and utilities for your home as they come due? |  Yes  No  |
| Agree to live in your home as your primary residence for at least three (3) years from date of occupancy? |  Yes  No  |
| Understand that if you subsequently sell your home you may be required to return part of the value of the home? |  Yes  No  |

To be eligible for the enter name of housing program. Program you must have a steady source of income which **cannot be higher** than the following limits – **IT CAN BE LOWER:**

 Household Size **Maximum** Yearly Income

1 person $34,300

2 people $39,200

3 people $44,100

4 people $48,950

5 people $52,900

6 people $56,800

**Payments that will be required**

* Fee for homeownership education and financial literacy class (about $100 total)
* Credit report fee (about $20 per person)
* Down payment of $1000. We can help you save for this
* Closing cost, which can be added to your mortgage
* Monthly mortgage payment, calculated at 25% of your income, which will include you real property taxes and your homeowner’s insurance
* Flood insurance and utility bills
* Repairs and maintenance on home as necessary

Insert Organization Name **Photo Release Form**

I hereby grant the insert organization name permission to use my first and last name and photographs of my family in any and all publications, including its website, social media pages, fundraising materials and promotional materials without payment or any other consideration in perpetuity. I understand that the term “photograph” as used herein encompasses both still photographs, audio and video footage.

I hereby authorize insert organization name to edit, copy, exhibit, publish or distribute photos that I may appear in. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my photo appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photographs.

I hereby hold harmless and release and forever discharge insert organization name from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate which have or may have by reason of this authorization.

I am 18 years of age or older and am competent to contract in my own name. I have read this release and I fully understand the contents, meaning and impact of this release.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Photo Release for Minors**

I hereby grant the insert organization name permission to use my dependent’s name and photograph in any and all publications, including its website, social media pages, fundraising materials and promotional materials without payment or any other consideration in perpetuity.

I hereby authorize insert organization name to edit, copy, exhibit, publish or distribute photos that my dependent may appear in. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my dependent photo appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photographs.

I hereby hold harmless and release and forever discharge insert organization name from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate which have or may have by reason of this authorization.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Minor’s Name (Printed)

I certify that I am a custodial parent and have the aforementioned rights to assign.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (Printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**CONSENT TO DISCLOSE CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, authorize the Federal Emergency Management Agency (FEMA) or insert organization name (agency) to disclose personally identifiable information and/or confidential information in my FEMA or agency file, relating to my eligibility for monetary or other forms of assistance, arising from the major disaster declared as insert natural disaster as described by FEMA code, to the following (check one or more):

* Any organization that is a member in good standing of either the National Voluntary Organization Active in Disaster (NVOAD) or that is participating in a FEMA or State recognized Long Term Recovery Committee (LTRC).
* Other, specify name of receiving individual or organizations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I consent to have the above named organizations and/or individuals speak on my behalf and represent me before FEMA.

This consent to release information is given to obtain and/or provide assistance I need as a result of the above listed insert natural disaster, i.e. hurricane, tornado to insure that (check one or more):

* Benefits are not duplicated.
* Appropriate referrals for possible and/or potential services provided by other state, nonprofit, and/or faith-based organizations can be made on my behalf.
* Other, specifically: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I specifically consent to have the following information disclosed to them (check one or more):

* My case file information including inspection reports and amounts and types of assistance
* My contact information (name, address, phone numbers, e-mail addresses, and FEMA application number)

This consent to disclose information may include information that is protected under the federal Privacy Act of 1974. I declare, under penalty of perjury, that the foregoing is true and correct. I am freely giving my consent this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_. This consent expires one year from this date or on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, if sooner. This information is not to be used for any other purpose.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Applicant Providing Consent | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date and Place of Birth |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name (Printed) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone or message # |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, Parish, State, Zip |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pre-Disaster Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, Parish, State, Zip |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FEMA Registration # | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social Security # |

|  |  |
| --- | --- |
| *Submitting Agency: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *Case Manager or Requestor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *Requesting Parish: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *LTRC/UNC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| *Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *Fax number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |



**ADVOCACY GROUP RELEASE FORM**

I, \_\_\_\_\_\_\_\_\_\_applicant name\_\_\_\_\_\_\_\_\_\_\_, hereby authorize insert homeowner assistance programs organization’s name program to release to \_\_\_\_\_\_\_\_\_ name of advocacy group rep\_\_\_\_\_\_\_\_\_\_\_\_ of insert advocacy group organization name any information maintained by insert homeowner assistance programs organization’s name program that is relevant for the purpose of providing funding assistance for my recovery. I also hereby authorize the above named advocacy group representative(s) to speak on my behalf when corresponding with insert homeowner assistance programs organization’s name program staff. This release does not authorize the above named advocacy group representative(s) to execute or sign any documents related to receipt of my funding assistance. I reserve the right to rescind and void this release at any time. insert homeowner assistance programs organization’s name may rely on this written authorization until such time that I notify insert homeowner assistance programs organization’s name, in writing, that I have rescinded the authorization.

*Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Applicant ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Applicant Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Applicant Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Advocacy Group Rep. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Advocacy Group Rep. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Advocacy Group Rep. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Advocacy Group Rep. Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Advocacy Group Director Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Advocacy Group Director Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*I hereby certify that this advocacy group is a 501(c)(3) organization.*

*Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Insert assistance programs organization’s name and address to send this form to



**STATEMENT OF UNDERSTANDING WITH HOMEOWNER**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the owner of the property at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I give permission to volunteers of insert volunteer organization to work on my property for the purpose of restoring my home and recovering from damage caused by insert natural disaster in my neighborhood. I understand the insert volunteer organization has no insurance coverage for protection against legal claims or liability damage suits that might arise in or from their volunteer work on my home and property. Therefore, in consideration of the voluntary serviced rendered, or to be rendered to me or on my premises by members of the above organization, I hereby waive any and all claims or demands that may arise or accrue to me, growing out of any action or omission by said organization or any of its members or helpers in rendering such voluntary service and specifically covenant not to sue it or them for any of said acts or omissions.

Homeowner’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

insert volunteer organization Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

insert volunteer organization

insert volunteer organization address

insert volunteer organization phone number, fax number and website information