



ASSISTANCE APPLICATION
Neighbors Helping Neighbors

APPLICATION DATE _____

How did you hear about PMAH? _____

NAME _____ DATE OF BIRTH _____

SPOUSE _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

Residence Jurisdiction: Manassas City ___ Manassas Park ___ Prince William County ___

FOR STATISTICAL/GRANT WRITING PURPOSES ONLY:

PLEASE COMPLETE BOTH ETHNICITY AND RACE (CHECK ONE IN EACH CATEGORY)

Ethnicity: Hispanic ___ Non-Hispanic ___ **Race:** White ___ Black/African American ___ Asian ___
Black/African American & White ___ Asian & White ___ American Indian/Alaskan Native ___
American Indian/Alaskan Native & White ___ American Indian/Alaskan Native & Black/African American ___
Native Hawaiian/Other Pacific Islander ___ Other Multi-Racial _____

Are you Head of Household? Yes ___ No ___ Please indicate your gender: Male ___ Female ___

Do You Own this Home? Yes ___ No ___ Year Built _____ (If renting, call for Tenant/Owner Release Form)

Number of Other Persons in House: _____ Cite Relationships: _____

Do they contribute to House Support: Yes ___ No ___

If Yes, Indicate Type and Amount or Value: _____

Do you have Homeowner's Insurance? Yes ___ No ___ If so, Name of Company _____

Are you Disabled? Yes ___ No ___ (If yes, please explain) _____

Have you served in the Military? Yes ___ No ___ Are you a Military Spouse? Yes ___ No ___

MONTHLY INCOME

(please attach documentation for income sources in left column plus a copy of your IRS 1040 or 1040EZ)

Employment \$ _____ Checking Account \$ _____
Pensions \$ _____ Savings Account \$ _____
Social Security \$ _____ Stocks/Bonds \$ _____
Other Retirement Sources \$ _____ Personal Property (other than home) \$ _____

MONTHLY LIVING EXPENSES

Mortgage/Rent \$ _____ Utilities \$ _____ Other \$ _____
Medical Expenses \$ _____ Food \$ _____

PLEASE COMPLETE REVERSE SIDE OF THIS APPLICATION

Revised 06/2022



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Has COVID-19 affected your financial status? Yes No

If yes, how? _____

DESCRIBE REPAIRS REQUESTED _____

Has Project Mend-A-House assisted you before? Yes ___ No ___ If yes, when (MO/YR)? _____

*******CERTIFICATION AND RELEASE FROM LIABILITY*******

I (we) certify that the information provided in this application is true, correct, and complete to the best of my (our) knowledge. I (we) understand that failure to provide complete information may result in the termination of assistance through Project Mend-A-House. By my (our) signature(s) below, I (we) also authorize the sponsors of Project Mend-A-House to assess, organize, and coordinate repairs to my (our) home that I (we) have requested. I (we) understand that this request can only be honored if appropriate volunteer assistance, materials, and resources are recruited and received by Project Mend-A-House and the request receives approval of the Project Mend-A-House committee. I (we) hereby agree that I (we) will not use Project Mend-A-House's resources (labor and materials) to make improvements on my (our) home so that I (we) may sell the property within the year of completion. If my (our) property is sold prior to one year after the repair completion date, I agree to reimburse Project Mend-A-House the cost of the materials and \$25 per labor hour.

I (we) hereby release and agree to hold harmless Project Mend-A-House, its staff, and volunteers from any liability in connection with the performance of home repairs and improvements, accidental damages to property, subsequent personal injuries resulting from the use of the repaired facilities, or failure of materials used for home repairs. Further I (we) will help others learn about Project Mend-A-House and I (we) agree to the use by Project Mend-A-House of photographs, slides, and media articles of the repair to publicize the benefits derived from this program.

I (we) understand that different agencies provide different services and benefits. Each agency must have specific information to provide services and benefits. By signing this form, I allow agencies to use and exchange certain information about me, including information in an electronic database, so it could be easier for them to work together efficiently to or coordinate these services or benefits. I authorize PMAH to share my contact information to the Area Agencies on Aging and No Wrong Door/Senior Navigator.

For, and in consideration of, Project Mend-A-House, I, the undersigned, for myself, my heirs, successors and assigns, agree to release and forever discharge Project Mend-A-House, their officers, employees, and agents from any and all liabilities, demands or claims for loss or damage resulting from any injury or damage which may be sustained on account of using equipment from the Loan Closet, Freedom Alert or Fan Care Programs.

*SIGNATURE _____

DATE _____

*SPOUSE SIGNATURE _____

DATE _____

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