



Low Cost Housing Repair Program Application Form

Our mission is to revitalize distressed communities by improving the living conditions of underprivileged children, the elderly, people with special needs, and low income families.

IMPORTANT INFORMATION

Community Improvement Organization Inc., offers help at a non-bias level. The program does not follow any biased opinions and neither does it discriminate. It does not discriminate based on race, color, religion, national origin, or political beliefs. This help is offered to anyone who qualifies.

The following documents Must Be completed and enclosed to be considerate for our services: Application will not be considered without all information

- A completed Community Improvement Organization Inc. application
- A copy of the driver license
- A copy of the most recent Federal Tax return, if you filled the previous year
- Proof of residence (most recent water, or electricity bill)
- Last 4 pay stubs

Applicant Information

Applicant Name:		Date of Birth:
Street address:		
City	Zip code:	Telephone:
Are you the owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you renting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please circle one Single Married Divorced Widowed		
How do we call if we can't reach you? _____		Relationship _____
Phone number:		Other Phone:
How long have you live in your house? _____		

1. To help us improve our services to you, please complete both parts A and B

A. Race/ Ethnic Origin:

White ____ Black ____ Hispanic ____ Indian/ Native American ____
 Other ____ (specify) _____

B. Primary Language

English____ Spanish____ French____ other (specify) _____

2. Please select one: Single____ Married____ Divorced____ Widowed____

3. Are you currently employed? Y___ N___

4. Employer name and Address for income verification

Employer name :	_____
Employer Telephone Number (Include area code):	_____
Employer Address (Street , suite #):	_____
City, State, Zip Code:	_____
Mailing address (if different from above):	_____

5. What is the total household income? (Gross) (including unemployment benefits) \$ _____

6. How much is your rent or mortgage this month? \$ _____

7. How much are your utilities this month, separate from rent/mortgage? \$ _____

8. Complete the following information for all the people living in the house, including yourself. The organization will use this information to determine eligibility only.

Name (Last, First, Middle)	Relationship	Male/Female	Date of Birth

9. Someone in the household is(check more than one if applicable)

a- Homeless Y___ N___

b- Without money for food Y___ N___

c- Elderly (60 & up) Y___ N___

d- Are or is a family member living in the home a Veteran? Y___ N___

e- Does anyone occupying the home have any Disabilities Y___ N___

f- Disabled Veteran? Y___ N___

If yes, is this family member in need of home modification? (Please explain)

10. How did you hear about Community Improvement Organization Inc.?

Property Description

Are you and / or friends and family members able to work with the volunteers? _____

If so please explain? _____

Do you plan to sell your home within 3 to 5 years? (if applies) _____

- Applicant is prohibited from selling his or her home within 3 years, if applicant does not comply with our “no sell within 3 years policy”, applicant will be liable and have to repay the cost of the all the repairs, listed on this application. Community Improvement Organization prohibits applicants profiting from our renovations.

Do you currently reside in this home? _____

- Applicant must reside in the home in order to be eligible for our programs
- The application must be completed by the home owner or the person that rents the property

Is your home a: _____ Single Family _____ Two Family _____

Three Family _____ other _____ Number of floors in the house (do not include

basement or attic): _____

Is there a basement? Y N

How many bedrooms? _____

Is there an attic? Y N

How many bathrooms? _____

Do you have pets? Y N if yes, please list them _____

(CIO requires that all pets be removed from removed from the home during renovations for the safety of the animals and volunteers

Please list below the repairs you think are necessary to make your home safe and secure.

Outside work (please check all that apply):

Inside work (please check all that apply):

___ roof repair/replacement

___ trash/ debris removal

___ trash/ debris removal

___ stair handrails

___ trees/ shrub removal

___ stair repair

___ front/back step repair

___ door repair/replacement

___ fence/ gate maintenance

___ interior painting

___ exterior painting

___ wall patching/repair

___ waterproofing/ caulking

___ bathtub/ sink caulking

___ sidewalk repair

___ ceiling patching/repair

___ lighting

___ furnace repair

___ hot water heater repair

___ window caulking

___ gutter repair/ replacement

___ kitchen cabinet repair /replacement

___ front/back porch repair

___new flooring/carpet

___ window repair/ replacement

Electrical:

Plumbing:

Other:

Please describe any problem in your home that you feel may be a safety hazard:

Please provide us with any additional information that you feel we should know as we consider your application.

How did you hear about Community Improvement Organization?

****** Important: All staff/ volunteer/ Beneficiary must sign the "Release and Waiver Liability" before **** participating at Community Improvement Organization Inc. site.**

Read this waiver very carefully before you sign. Waiver applicable 1 year from date of signature.

This Release and Waiver of Liability ("Release Form") signed on this ___ / ___ / 20____,

by_____ in favor of Community Improvement Organization, Inc.,

Print name

existing under the laws of the State of Florida, USA and Community Improvement organization, Inc.(CIO), a nonprofit corporation (Public Charity), and each of their directors, officers, employees, and agents (collectively, "CIO" The staff/ volunteer/ Beneficiary desires to work for CIO and engage in the activities related to being staff/ volunteer/ Beneficiary for a fundraising events and work projects. I, the staff/ volunteer/ Beneficiary hereby freely and voluntarily, sign this Release Form without force under the following terms:

Waiver Articles

1. Important Legal Information. No staff/ volunteer/ Beneficiary is permitted by law to solicit for donations or act on behalf of Community Improvement Organization Inc. without the consent of Community Improvement Organization Inc. Community Improvement Organization Inc. will pursue legal action against anyone person who violates article 1 of this agreement. Community improvement organization Inc. will protect the rights of all members of the community who make donations, for the charitable purpose of improving the lives of people in need.

2. Waiver and Release. I, the staff/volunteer/ Beneficiary release and perpetually discharge and hold harmless CIO and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may henceforth, arise from my staff/ volunteer/ Beneficiary work at CIO. I, the staff/ volunteer / Beneficiary understand and acknowledge that this Release discharges CIO from any liability or claim that staff/ volunteer/ Beneficiary may have against CIO with respect to bodily injury, personal injury, illness, death, or property damage that may result from participation in the CIO work projects and fundraising events. It is also understood that CIO does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage.

3. Insurance. I, the staff/ volunteer/ Beneficiary understand that I _____(initials) expressly waive any such claim for compensation or liability on the part of CIO beyond what may be offered freely by the representative of CIO in the event of such injury or medical expense.

4. Medical Treatment. I, _____(initials) staff/ volunteer/ Beneficiary , hereby release and forever discharge CIO from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during the minor's time with CIO.

5. Assumption of Risk. I, _____(initials) the staff/ volunteer/ Beneficiary , understand that the time with CIO may include activities that may be hazardous to me including, but not limited to, construction activities, loading and unloading of heavy equipment and materials, and local transportation to and from work sites. Also I, the staff/ volunteer/ Beneficiary recognize and understand that the time with CIO may, in some situations, involve inherently dangerous activities. As the staff/ volunteer/ Beneficiary, I hereby expressly assume the risk of injury or harm in these activities and release CIO from all liability for injury, illness, and death or property damage resulting from the activities of the minor's time at CIO.

6. Media Waiver Form By signing below, I _____give my consent to CIO to use my name, comments photograph and likeness taken by Community Improvement Organization, in order to promote Community Improvement Organization's community improvement programs and services. I understand that the client may be photographed or videotaped. I understand that the client's his or her, testimony, pictures or videos may be placed on Community Improvement Organization's website, newsletters and or any of Community Improvement Organization's publications

7. Other. As the staff/ volunteer/ Beneficiary I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable

***If staff/ volunteer/ Beneficiary is under the age of 18 (a minor), this Release and Waiver of Liability must also be signed by a parent or guardian.**

SIGNATURE

By signing below I _____, here by acknowledge that all of the information provide in this application is correct. By signing below, I, _____ Express my understanding of this release and that if I provide, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. By signing below I _____, agree to accept the project as is. CIO is not liable for any projects completed by the owner, or any third party. CIO is not responsible for any project started by the owner, or third party, unless there is a written agreement with CIO. CIO is not liable for any issues or injures that arise from our projects.

Signature (Adult Household Member or authorized Representative)

Date

Print name

Date

Administration Use Only:

Beneficiary Name: _____ Case#: _____

Application type: _____ Date received by administration _____