

For Office Use Only:

Date Received Application:
Contract Signed:
Agreement Signed:
Parlor Meeting:
Preliminary Inspection:
Inspection:
Status:
Matched:
Completed:

YACHAD SINGLE FAMILY HOME REPAIR PROGRAM APPLICATION

**Please include a copy of a document which proves you are the homeowner
(ex: current property tax bill or cover page of a homeowner's insurance policy)**

Applicant, please complete the information below:

Contact Information:

Please supply information for the person with whom we should communicate with about meetings, scheduling, updates on application status, etc.

Name: _____

Relation to Homeowner: _____

Home Phone Number: _____

Cell Phone Number: _____

Secondary Contact and Phone Number: _____

Basic Information:

Home address, including zip code

Number of adults living full or part-time at address _____

Number of children (17 and younger) living full or part-time at address _____

Neighborhood Information:

How did you find out about Yachad's program (if friend or family, please give full name)

What ward are you in? _____

What neighborhood are you in? _____



Please fill in the following information for all residents living in the home. If you need more room, attach another sheet of paper.

Homeowner Information

Homeowner(s) Full Name _____ Age ____

Number of years at this address _____

State of Employment

- Employer/Occupation _____
- Retired From _____
- Unemployed
 - Looking for employment as a: _____
 - On disability

School (if student) _____

Disabilities and health issues (if applicable)

Monthly Income:

Salary _____ SSI _____ Medicare _____
Medicaid _____ VA _____ Unemployment _____
Other _____

Resident Information #2

Resident(s) Full Name _____ Age ____

Number of years at this address _____ Relationship to Homeowner _____

State of Employment

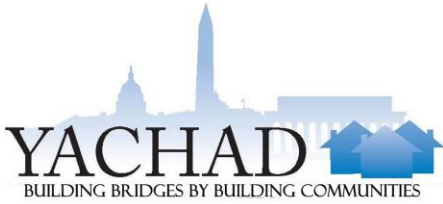
- Employer/Occupation _____
- Retired From _____
- Unemployed
 - Looking for employment as a: _____
 - On disability

School (if student) _____

Disabilities and health issues (if applicable)

Monthly Income:

Salary _____ SSI _____ Medicare _____
Medicaid _____ VA _____ Unemployment _____
Other _____



Resident Information #3

Resident(s) Full Name _____ Age _____
Number of years at this address _____ Relationship to Homeowner _____
IState of Employment _____

Employer/Occupation _____
Retired From _____

Unemployed
 Looking for employment as a: _____
 On disability

School (if student) _____

Disabilities and health issues (if applicable) _____

Monthly Income:

Salary _____ SSI _____ Medicare _____
Medicaid _____ VA _____ Unemployment _____
Other I2 _____

If you need more room for resident information, please attach paper to back of application. Thank you.

Ownership Information:

When did you purchase or inherit your home? _____

Did you inherit your home? If so, from whom? _____

Do you plan on leaving your home to a family member? Yes No

If yes, who? _____

If yes, are they are aware of this? _____

Do you still pay a mortgage? Yes No

If so, what are your monthly mortgage payments? _____

Do you have a reverse mortgage? Yes No

If yes, with what company? _____

If yes, what year did you take it out? _____

If yes, what improvements have been made so far? _____

Do you have homeowners insurance? Yes No

If no, why not? _____

If yes, with what company? _____

What is your annual fee? _____

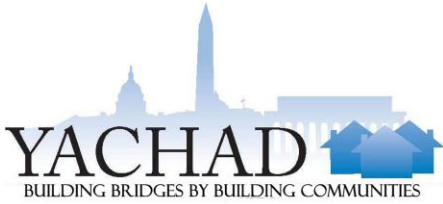
Do you plan on moving or selling your home in the next 5 years?

Yes No

Do you own any other properties? _____

If someone in your home pays rent to you, please note below:

Person paying rent: _____ Amount paid: _____



House Information:

Please describe generally the needed repairs to your home (ie. drywall repairs, leaky roof or windows, paint needed, broken toilet, oven broken, washer/dryer broken, etc.)

When was the last time the roof was repaired or replaced? _____

How old is your furnace? _____

Does your oven work? _____

Does your fridge work? _____

Has any other housing organization assisted you with your home repairs in the past? If so, who and when? (list all that apply)

Have you currently applied to any other housing or government organizations for home repairs and are waiting for approval? If so, who and when did you apply?

Is there a contractor you usually use to help you maintain your home? If so, what is their name?

Have you had any problems with pests? If so, what kind?

Are you currently working with any social services? If so, what is the name and number of your social worker?

Do you use your home for work (ie. daycare, home office, etc.)? If so, how?

Accessibility Are any other improvements needed on the home to make it accessible for someone in the home who has a physical disability? (access ramps, hand rails, grab bars, stair lift, etc.)

Please Describe:

Are there any improvements needed in the home that are irritating someone's allergies or Asthma? (carpets, open drywall, etc.) ?

Please describe:

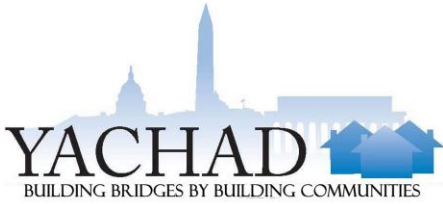
Select the answer that describes your situation best.

Expense Information (Select one):

If you live with others, how are house and utility bills divided in your home?

One person pays everything. That person's name is _____.

_____ pays the mortgage and _____ pays the utilities.



Other, please explain:

House Responsibilities:

If you live with others, how are chores divided in your home?

- Chores are split evenly amongst all residents.
- Chores generally fall to one or two people and their names are

_____.

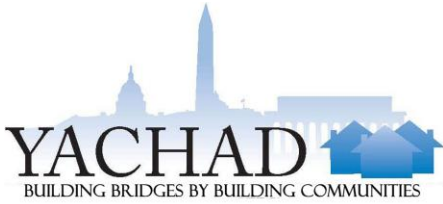
Other: If there is any other information you would like for us to know about you or anyone else in the house, please write it here.

If you are not the homeowner or resident but are assisting him/her in completing this application, please fill out the following:

Name _____ Phone _____

Relationship to homeowner _____

Is the homeowner aware of this application? Yes No



**Yachad Homeowner Waiver
2016**

Important Note: The homeowner on the deed must sign this waiver below to partner with Yachad.

[[I][We], _____ **[INSERT NAME]** ([collectively,]the "Homeowner"), certify to Yachad, Inc., a District of Columbia nonprofit corporation ("Yachad"),, that the Homeowner resides at and is the sole owner of the property located at _____ **[INSERT ADDRESS]** (the "Property"). In order to permit the Homeowner to participate in Yachad's Single Family Home Repair Program (the "Program"), the Homeowner hereby further certifies, covenants and agrees as follows:

1. The information the Homeowner provided on the Homeowner Application, and in this Homeowner's Agreement and Waiver (the "Agreement"), is accurate and complete.
2. The Homeowner has no present intention to move from or otherwise vacate the Property or offer the Property for sale or otherwise transfer the Property to another person or entity.
3. The Homeowner has a homeowner's insurance policy relating to the Property that remains in effect.
4. The Homeowner gives full access of their home to Yachad and its volunteers. The Homeowner understands and agrees that the persons who will work on the Property pursuant to the Program include unskilled volunteers (the "Volunteers"), who are directed and supervised by a contractor who is employed by or has agreed to provide pro bono services to Yachad (the "Contractor").
5. All those physically-abled people living in the home understand that they must attend all Homeowner Education Workshops. Yachad reserves the right to conclude the partnership and any home repairs taking place if this does not occur.
6. The Homeowner understands that he/she and every able-bodied adult living in the house must assist the Volunteers on the work day or not be present in the home during that work day. On the days where only the Contractor is working, the Homeowner and residents do not need to assist with the work.
7. The Homeowner confirms that the Property is safe from dangerous conditions caused by people and/or animals for the Volunteers, the Contractor, and any other persons working for or on behalf of Yachad to work.
8. The Homeowner understands and agrees that neither Yachad nor any of Yachad's "Related Parties" (hereinafter defined) makes any warranties or representations, express or implied, regarding any materials provided or work performed on the Property. As used in this Agreement, the term "Related Parties " means Yachad's officers, directors, employees and agents, the Contractor, the Volunteers and any other persons, corporations, organizations or other entities working with or on behalf of Yachad.
9. The Homeowner hereby forever releases, waives and discharges Yachad and all of the Related Parties from any and all claims, causes of action, damages, liabilities, suits and costs (including reasonable attorneys' fees) relating to or arising from, directly or indirectly: (a) the Homeowner's participation in the Program and (b) the design, implementation, construction and/or operation of any of the work done at the Property.

Name: _____

Signature: _____ Date: _____