



Rebuilding our community together.

ELIGIBILITY CRITERIA:

- Home must be located within Monongalia County.
- Homeowner must reside in home with plans to remain in the home for 3 years.
- Owner must be income eligible; preference will be given to person with disabilities, seniors, and low-income persons who are unable to do the repairs and who have no able bodied family members to do the work.
- Health and safety repairs receive priority.

The Shack Home Repair Program **Will Contact You**, if you are selected for assistance.

APPLICANT INFORMATION

Head of Household Name _____

Physical Address _____

Mailing Address _____

City _____

State _____

Zip Code _____

Home Phone _____

Alternate Phone _____

Date of Birth _____

HOUSEHOLD INFORMATION

Directions to Home _____

Total Household NET Income
\$ _____ per month

Number of years in home? _____

Do you own home and land?

Trailer House

Yes

No

Number of Adults
in Household _____

Number of Children in
Household _____

Anyone in the Household
Disabled? _____

Yes

No

DESCRIPTION OF WORK TO BE DONE

Bathrooms available

Running water available

Power available

Safety/Accessibility/Security (Specify) _____

Painting/Clean-up/Landscaping (Specify) _____

Electrical/Plumbing/Heating & Cooling (Specify) _____

Doors/Windows/Roof (Specify) _____

Other (Specify) _____

MUST SIGN BACK PAGE

REFERRAL INFORMATION

Referring Agency: _____

Agency Representative's Name: _____

Date Referred: _____

Agency Phone: _____

I agree that I, my assignees, heirs, guardians, and legal representatives will not make a claim against The Shack Neighborhood House, Inc. (The Shack). I hereby waive any right or cause of action arising as a result of my participation in The Shack Neighborhood House's Home Repair/Rehabilitation Program from which any liability may or could accrue against The Shack or its officers, directors, employees, assigns, and/or successors in interest, collectively or individually. The work is done by volunteers and is without warrant or guarantee. The Shack is obligated to finish only the tasks that are started by its volunteers. Neither The Shack, nor its volunteers, will be held liable for work not completed to homeowner's satisfaction. I agree that this waiver shall include any rights or causes of action resulting from personal injury to me or damage to my property in connection with my activities in The Shack Neighborhood House's Home Repair/Rehabilitation Program.

I have read this agreement and fully understand its contents.

I am aware that this is a release of liability.

I sign this of my own free will.

Home Owner Printed Name(s):

Home Owner Signature(s):

Date:

The Shack Neighborhood House Representative Printed Name:

The Shack Neighborhood House Representative Signature:

Date:

The Shack Home Repair Program **Will Contact You**, if you are selected for assistance. Thank you.

When completed return to:

The Shack Neighborhood House Inc.

P.O. Box 600, Pursglove, WV 26546