

COMMUNITY REHAB PROJECT

Mail completed Application
By April 16, 2012 to:

Community Rehab Project
P O Box 387
Comanche, TX 76442

Application Information

Date: _____

Name _____

Last

First

Middle

Physical Location of Home _____ Phone (____) _____

Mailing Address _____

Male _____ Female _____ Date of Birth _____ Married _____ Single _____

Please list the names and ages of all individuals who reside at this residence:

Do you have a dog and if so, what breed _____ Dog Pen? _____

Property Information

How long have you lived at this residence? _____

Do you own or currently buying this home? _____ If financed, please provide the name of the lending institution and phone number _____

Do you have any unpaid property taxes? Yes _____ No _____ (Attach copy of paid receipt)

Are there any outstanding judgments against this property? Yes _____ No _____

What outside repairs do you think are needed on your home:

Total Family Annual Income

Do you file a Federal Income Tax Return? Yes _____ No _____ If yes, attach a copy of most recent.

Please List ALL sources and amount of income, including any salary, wages, pensions, social security, military pay, or self-employment.

Source of Income

Amount

Source Name

Do you own any additional real estate properties and if so, where? _____

Do you receive any income from these properties? _____

(over)

Liabilities

List major debts, monthly payments, including credit card debt, all loans, medical and mortgage debt:

Agreement

I am not presently planning to, nor do I intend within the next two years, to sell my home. I agree to pay back this program all the monies for materials if I sell my home within the two year period. I, the undersigned, certify subject to disqualification and/or penalty, that this information is true and correct to the best of my knowledge and belief, and that the provisions stayed are accepted and agreed to. You are authorized to confirm my ownership, check my/our criminal, credit and employment history.

Applicant's signature

Date

Spouse's signature

Date

RELEASE AND HOLD HARMLESS AGREEMENT

That I _____, desiring my home to participate in this program by volunteers do agree to indemnify and hold harmless and defend the Community Rehab Project program, its volunteers, officers, agents, and employees from and against all claims, suit, liability, demands or causes of action, for injury to or death of any person or for damage to any property, including court cost and attorney fees, arising from or in connection with my participation in the Community Rehab Project program, whether or not said claims, demands, causes of action are caused by the sole negligence of Community Rehab Project, its volunteers, employees, agents or servants, or whether it was caused by concurrent negligence of Community Rehab Project and a party to this agreement, or whether it was caused by concurrent negligence of Community Rehab Project and some other third party.

Before signing the Release and Hold Harmless Agreement, I read it fully and understand its terms.

Signed this _____ day of _____, 2012

Signature: _____

Printed Name: _____

For Office Use Only:

Received _____
Section _____
Letter Sent _____
Date Completed _____

**Must be mailed by
April 16, 2012 to:**

**Community Rehab Project
P O Box 387
Comanche, TX 76442**