



Charlotte Regional Realtor® Association Housing Opportunity Foundation Homeowner/Project Application

Realtors® Care Day ("RCD") is designed to assist homeowners with exterior home repairs, and adaptive and safety modifications for the elderly or disabled. All applicants must fill out an application form and provide required documentation by Feb. 19, 2016 to be considered for a repair project. (A list of all necessary documents is on Page 2.) Failure to provide the necessary documentation will eliminate your application from consideration. If your house is selected for the project, there is no charge for work completed.

NOTE: Your application, including your financial information, which shall remain confidential, will be retained in our office for a total of four (4) months following RCD. If you have not requested a return of your application and financial information by the end of the four (4) month period, all documents will be destroyed.

**Due to limited resources and a desire to have the greatest impact possible, prior applicants and participants will not be considered.*

*****All pages of this document must be completed.*****

Name of homeowner(s): _____

Address, City, State Zip: _____

Mailing Address (if different from property address): _____

Home Phone: _____ Cell Phone: _____ Email: _____

What is your preferred method of contact? Home Phone Cell Phone Email

List names and ages of residents in house: _____

Is homeowner or other residents in the house disabled? Yes No

If yes, please list special needs: _____

Please review the following, complete the requested information and sign to indicate your acceptance:

- ✓ *I, or a person appointed by me, will be home on the selected project date while repairs are being done.*
- ✓ *I confirm that any able residents of the home or family/friends present at the home on the day of the project will assist volunteers in working on the project. ******(Please include below, the name(s) of any individuals assisting with the project on your behalf.)*
- ✓ *I certify that all information included on this form is true and correct.*
- ✓ *I own and live in the property at the address given and have homeowner's insurance.*
- ✓ *I intend to remain in my home for at least one year, barring illness or death.*
- ✓ *I am not in financial trouble or at risk of losing my home.*
- ✓ *The combined annual income of residents (homeowner(s) and any additional occupant(s) of the property), is as follows: (Please check one.)*

Less than \$20,000 \$20,001-\$30,000 \$30,001-\$40,000 \$40,001-\$50,000 \$50,001-\$60,000 \$60,001 or more

Names of individual(s) assisting RCD volunteers on the day of the project:

1) _____ 2) _____

3) _____ 4) _____

Are you employed? Yes No If yes, who is your employer? _____

Are you being recommended by a Realtor® for this project? Yes No

If yes, what is your relationship? _____

Signature of homeowner: _____ **Date:** _____

(If there is more than one principal owner, all must sign this form)

_____ **Date:** _____

_____ **Date:** _____

If this form is prepared by someone other than the homeowner or if assistance is given to the homeowner, please complete the following: Is the homeowner aware of this application? _____

Name of person preparing or assisting with application: _____

Relation to homeowner: _____ Phone: _____

Waiver, Release of Liability, Indemnification

By submission of this application to become a Realtors® Care Day (RCD) participant, I hereby release, waive, discharge, and covenant not to sue the Charlotte Regional Realtor® Association (the "Association), their directors, officers, employees, volunteers, representatives and agents and any third party vendor hired by the Association to provide services in connection with the Project (collectively "Releasees"), from any and all liability, including but not limited to liability arising from the negligence or fault of the Releasees, for personal injury, property damage, property theft, or actions of any kind which may hereafter occur related to my participation in the Realtors® Care Day Project (the "Project").

The undersigned also hereby agrees to indemnify, defend and hold the Releasees harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities including, but not limited to, attorney's fees, arising from, or in any way related to, the Participant's participation in the Project, except for those arising out of the willful misconduct, gross negligence or intentional torts of the above parties, as applicable.

Signature of homeowner: _____ **Date:** _____

(If there is more than one principal owner, all must sign this form)

_____ **Date:** _____

_____ **Date:** _____



Homeowner/Project Application (continued)

List the four most important *exterior* home repairs you need:
(For example: doors, fencing, gutters, painting, porch/patio, ramp, roof, steps, yard work, etc.)

1. _____
2. _____
3. _____
4. _____

Required documentation to be included with application:

- Proof of ownership: deed or mortgage
- Proof of residency: driver's license or acceptable identification card
- Proof of financial stability: statement of good standing from lender or copy of current mortgage statement showing no past due amount
- Proof of insurance: copy of current homeowner's insurance policy
- Proof of household income: latest federal and state tax return, three recent paycheck stubs or current Social Security statement, if applicable

After the Charlotte Regional Realtor® Association Housing Opportunity Foundation reviews your application and agrees that it meets the stated requirements you will be contacted for a personal interview and evaluation of the requested repairs. After all applications have been received and considered, you will be notified whether you will be a recipient of 2016 Realtors® Care Day repairs. If you have questions about the application or process, please e-mail the foundation staff at crrafoundation@carolinahome.com or call 704-940-3148.

Mail, email or fax completed application with documentation to the Housing Opportunity Foundation

Mail: 1201 Greenwood Cliff, Ste. 200, Charlotte, NC 28204
 Email: crrafoundation@carolinahome.com
 Fax: 704-338-9401

For office use only:

Date rcvd: _____	HO verified: <input type="checkbox"/> yes <input type="checkbox"/> no	County: _____	All docs rcvd: <input type="checkbox"/> yes <input type="checkbox"/> no
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