



Homeowner Application

Homeowner Information

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Date of Birth: _____ Age: _____

Email: _____

Marital Status

___ Single ___ Married ___ Divorced ___ Widowed

Date of Marriage: _____ Name of Spouse: _____

Does the applicant own their home? Yes No

Will the applicant or someone be at
the home during the day when the
volunteers are there? (8am-4pm) Yes No

Homeowner Name: _____

Please list all household members who live with the applicant and their relationship to the applicant. (NOTE: For anyone younger than 18, there must be an adult in the home.)

Name: _____ Age: _____

Relationship to the applicant: _____

Name: _____ Age: _____

Relationship to the applicant: _____

Name: _____ Age: _____

Relationship to the applicant: _____

Name: _____ Age: _____

Relationship to the applicant: _____

If you have any health problems to which we should be alerted, please explain below:

Are there any hazardous substances in the home such as mold or asbestos? Yes No

***Please describe, in priority order, the work that needs to be completed at the home.
(NOTE: Impact Richmond does not do home repairs in the plumbing, roofing, or electrical fields.)***

Applicants must attach documentation of household income for the preceding 12 months. This includes all salaries, wages, dividends, interest or other cash receipts.

This information should include the applicant and all other household members.

I have attached the documentation:

Yes No

Acceptable sources include either IRS W-2 or 1099 forms or signed statements from the County Board of Assistance or Social Security Office.

If completed by someone other than the homeowner, please provide the following information:

Name: _____

Relationship to applicant: _____

Email: _____

Phone Number: _____

THE HOMEOWNER MUST SIGN ACKNOWLEDGEMENTS PRIOR TO WORK AND THE PHOTO RELEASE FORMS ON THE FOLLOWING PAGES

Acknowledgements prior to work

Homeowner Name: _____

In consideration for Impact Richmond, Inc.'s (Impact Richmond) provision of charitable services and other good and valuable considerations, the receipts and sufficiency of which is hereby acknowledged, I acknowledge and agree as follows:

- Impact Richmond is a charitable organization, operated for charitable purposes and not for profit.
- I will not pay Impact Richmond for any of the services performed for me, I accept and will receive services from Impact Richmond as a charitable beneficiary.
- I relinquish rights I may have to bring any claims against Impact Richmond and its directors, officers, employees, volunteers, agents and representatives arising from the provision of services for me and agree not to file any claim or lawsuit in connection with the same.
- I will indemnify Impact Richmond and its directors, officers, employees, volunteers, agents and representatives from and against any and all claims arising out of the provision of services for me.
- Impact Richmond reserves the right to cease performing services for me at any time and for any reason, regardless of the status of any project.
- I fully understand that many, or all, of the individuals performing services will be volunteers.
- I fully understand that Impact Richmond makes no representation or warranties regarding the safety, sufficiency or quality of any work performed or materials used, the time required to complete any project, the skill level of any individuals performing services or that any project will be completed to my satisfaction.
- Should a project not be completed to my satisfaction, I understand that I will have no recourse against Impact Richmond and Impact Richmond will not be responsible for performing any additional work or supplying any additional materials.
- If any provision of this agreement is held void or unenforceable, only that provision shall be void and the remaining provisions shall remain in full force and effect.

I have read this document and fully understand its terms.

Homeowner/Resident Signature: _____

Homeowner/Resident Printed Name: _____

Address 1: _____

City: _____ State: _____ Zip: _____

Date _____

Photography / Video / Audio Content and Release

Homeowner Name: _____

I authorize Impact Richmond, Inc. to copyright and publish all photographs, video footage or audio recordings in print or electronic format in which I appear or speak that are taken by or for Impact Richmond. I agree that Impact Richmond may use, edit or reproduce such photographs, video footage or audio recordings or share them with others for any purpose related to the promotion of Impact Richmond and its related programs or activities. I release all claims against Impact Richmond and others with respect to the copyright, publication or use of such photographs, video footage or audio recordings including any claim for compensation related to their use.

Participant Signature: _____

Participant Printed Name: _____

Date _____