



### Lend-a-Hand Program Application

The following information is required to determine eligibility and aid in determining if the household qualifies for the program. All personal information will be held in strict confidence.

Date: \_\_\_\_\_

Homeowner Name: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Flower Mound, TX

Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Do you own your home? \_\_\_\_ Yes \_\_\_\_ No

How long have you lived in your home? \_\_\_\_\_

Have you received notice of code violations? \_\_\_\_\_

Have you received notices from your bank or insurance company on repairs? \_\_\_\_\_

What repairs (outside only), in the order of priority, does your home need? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there time constraints when the work needs to be done? \_\_\_\_\_ If so, when \_\_\_\_\_

#### HOUSEHOLD INFORMATION

Number of Adults (18 years or older) \_\_\_\_ Number of children (under 18 years of Age) \_\_\_\_ **TOTAL** = \_\_\_\_\_

Are you a veteran? \_\_\_\_ Yes \_\_\_\_ No If yes, when and where did you serve? \_\_\_\_\_

Are you disabled? \_\_\_\_ Yes \_\_\_\_ No If so, what is your disability? \_\_\_\_\_

Are you elderly? \_\_\_\_ Yes \_\_\_\_ No Are you financially unable to make repairs? \_\_\_\_ Yes \_\_\_\_ No

Are you current with your mortgage payments? \_\_\_\_ Yes \_\_\_\_ No

Are you a female head of household? \_\_\_\_ Yes \_\_\_\_ No

Total Annual Net Household Income \$ \_\_\_\_\_



## Indemnification and Release from Liability

We, \_\_\_\_\_,  
Print Names

have chosen to participate in the Keep Flower Mound Beautiful Community Lend A Hand Initiative.

We agree to indemnify and hold harmless Keep Flower Mound Beautiful and its volunteers from all claims, damages, expenses, or injuries arising out of or in consequence of, housing rehabilitation or repairs provided as part of the Program.

We hereby represent that we understand and am familiar with the nature of the work in which we will be participating.

We have read and we understand this form.

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

**PHOTO RELEASE:** I, the undersigned, do hereby consent and agree that KEEP FLOWER MOUND BEAUTIFUL, have the right to take photographs of me and of the work being done at my residence and to use these in any and all media, now or hereafter known, and exclusively for the purpose of promoting Keep Flower Mound Beautiful. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_