



Please Mail to:
 United Way of Monroe County
 P.O. Box 722
 Sweetwater, TN 37874
 Fax # 423.337.6104

PROJECT R.E.D

Part 1: Contact Information

Name: _____ Date: _____
 Physical Address: _____
 City/Town _____ Contact Phone: _____
 Birthdate: _____ Social Security Number: _____

Part 2: Household Information

Own Home: _____ Own Land Home Is On: _____
 Rent Home: _____ Rent Land Home Is On: _____
 If renting please provide name and number of landlord:

Number of residents in household including yourself: _____
 List ALL Sources of Income and Amounts: _____
 Total household income including other residents: _____

If approved you will need to provide proof of identity, residency and income

Are you applying for someone other than yourself? Yes _____ No _____
 If yes, please explain relationship to client: -- _____

Part 3: Project Information

Is this an emergency?
 Yes
 No
 How long has the project needed to be done? _____

What is the nature of the work to be done? (Check all that apply)

- Repairs
- Installation
- Assembly
- Yard Maintenance
- Painting
- Cleaning
- Construction
- Tutoring (Computer)
- Other _____

Project Location:

- Indoor
- Outdoor

Describe the amount of work you need to have done:

Part 4: Close Family/Friend Information

Name: _____
Relationship: _____
City/State: _____
Phone Number: _____

Name: _____
Relationship: _____
City/State: _____
Phone Number: _____

Name: _____
Relationship: _____
City/State: _____
Phone Number: _____

Name: _____
Relationship: _____
City/State: _____
Phone Number: _____

I, _____, state that the information I provided is true to the best of my knowledge. **I understand that this application does not guarantee I will receive any assistance.** Age and situation are taken into consideration. I **DO** authorize the use of prisoners from the Monroe County Sheriff Department to work on my home.

Signature: _____
****THERE WILL BE BACKGROUND CHECKS TAKEN FOR ALL SUBMITTED APPLICATIONS****

Sign here AFTER job is completed: I, _____ have inspected the work, find it in good working order /acceptable and release U/W and all volunteers for any future problems or liabilities.

OFFICE USE ONLY:

Volunteered for Job: _____

Approve/Denied: _____ **Reason:** _____

Date Completed: _____ **Sponsor/Donation Amount for Project:** _____

Showed Proof of Identity: Yes ___ No ___ Type: _____

Showed Proof of Residency: Yes ___ No ___ Type: _____

Showed Proof of Income: Yes ___ No ___ Type: _____

NOTES:



Resident Release

I, the undersigned (also known as the resident), agree to and accept all construction or renovation work that is performed on my home (dwelling) by Monroe County United Way Fund, Inc. and its representatives and I acknowledge the safety concerns specified in this document. Further, I waive any right to bring legal action against United Way Worldwide, its licensees, successors, legal representatives and assignees upon completion of said construction or renovation work. I also hereby release all claims and forever hold harmless the directors, employees, and agents of United Way Worldwide, Monroe County United Way Fund, Inc. from any and all claims related to work performed on my home (dwelling).

By signing this document the resident hereby gives Monroe County United Way Fund, Inc. its licensees, successors, legal representatives, and assignees, the absolute and irrevocable right and permission to use the resident's name and to use, reproduce, edit, exhibit, project, display, copyright, publish photographic images, and/or moving pictures and/or videotaped images of the resident with or without the resident's voice, or in which the resident may be included in whole or in part, photographed, taped, videotaped, and/or recorded during the duration of the project, and therefore to circulate the same in all forms and media for art, advertising, trade, competition, of every description and/or any other lawful purpose whatsoever. The resident also consents to the use of any printed matter in conjunction therewith.

The resident also waives any right to inspect and/or approve the finished product or products or the editorial, promotional, or printed copy of soundtrack that may be used in connection therewith and any right that I may have to control the use to which said product, products, copy and/or soundtrack may be applied. The resident discharges and agrees to save harmless Monroe County United Way Fund, Inc., its licensees, successors, legal representatives and assignees from any liability by virtue of any blurring distortion, alteration, optical illusion or use in composite form whether intentional or otherwise, that may occur or to be produced in the making, processing, duplication, projecting, or displaying of said images, and from liability for violation of any personal or proprietary right that I any have in connection with said images and with the use thereof.

Please complete and sign below (not valid without signatures)

NO WORK CAN BE PERFORMED WITHOUT SIGNATURES

Resident Signature: _____

Telephone (Day): _____ **(Evening):** _____ **Date:** ___/___/___

Witness Signature: _____

Telephone (Day): _____ **(Evening):** _____ **Date:** ___/___/___

