



PROJECT R.E.D

Please scan and email to projectredmonroe@gmail.com or

Mail to:

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

Project affords repair or improvement materials not to exceed \$500

(Volunteer labor requested and/or provided)

Part 1: Contact Information

Name: _____ Date: _____

Physical Address: _____

City/Town _____ Contact Phone: _____

How long have you lived in Monroe County? _____

PROOF OF RESIDENCE REQUIRED

Part 2: Household Information

Own Home: _____ Own Land Home Is On: _____

Rent Home: _____ Rent Land Home Is On: _____

Do you have home owner's or renter's insurance on this home/property? _____ How long have you been insured? _____

If renting please provide name and number of landlord: _____

Have you or anyone in the household been served by Project R.E.D before? _____ When? _____

List ALL household residents with social security numbers, dates of birth and ALL sources of income for each, include yourself:

PROOF OF IDENTITY AND INCOME REQUIRED FOR ALL HOUSEHOLD MEMBERS

(Please include proof of any veteran status in the household)

Part 3: Project Information

Is this an emergency? ___Yes ___No

Can you provide a doctor's statement of need? _____ If so, please include with application.

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 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: _____

Are you applying for someone other than yourself? Yes _____ No _____

If yes, please explain relationship to client: -- _____

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:

Points: Elderly _____ Disabled _____ % of Poverty _____ Dr. Statement _____ Veteran _____

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:** ___/___/___

