Last Name: \_\_First Name: \_\_\_\_­M.I:\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­

Physical Address: City: Zip: \_\_

Mailing Address: City: Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: Home Phone: Mobile Phone:

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Race: Marital Status:\_\_\_\_\_\_\_\_\_\_ Birth date: \_\_\_\_\_/\_\_\_/\_\_\_\_\_\_

Type of Home (circle one) MOBILE HOME CONDO DUPLEX HOUSE

Do you own the home in need of repair? YES **/** NO Do you live in the home needing repair? YES/NO

Number of years you have owned the home: Number of people living in your home: \_

Alternate Person to Contact (if we are unable to reach you) Name: Phone:

Do you own any pets? YES / NO If Yes, what type and how many?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Household Information

Please complete the following information for **ALL** household members, including yourself.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name**  **of Household Member(s)** | **Relation to you** | **Ages** | **Disabilities** | **Additional**  **Information** |
|  | Self |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Additional Information:

**Your application will not be processed without this information attached.**

**Please submit copies, not original documents.**

Identification for primary applicant. Please select which **ONE** is attached:

\_\_\_\_\_Driver’s license

\_\_\_\_\_Other form of ID: \_\_\_\_\_\_\_\_\_\_\_\_\_

Proof of home ownership. Please select which **ONE** is attached:

\_\_\_\_\_Property Tax State

\_\_\_\_\_DMV title in the case of a mobile home

\_\_\_\_\_Deed of Trust

Please list the repairs needed to make your home/property **safe and secure and other yard needs**.

Please tell us the circumstance that led you to apply for assistance, and how you hope the assistance will improve your current situation.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Homeowner’s name) residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Homeowner’s address), hereby acknowledge and agree to allow volunteers from Waccamaw Christian Missions, Inc to perform home repairs and maintenance at the above named property as listed below.

To be completed by Waccamaw Christian Missions, Inc. designee:

**Consents/Release of Responsibility and Liability for Waccamaw Christian Missions, Inc**

If my home or property repair/maintenance is selected for Waccamaw Christian Missions, Inc services, I agree to allow photographs and videos of my home and any household members present during the activities. I further agree to allow these to be used for record-keeping, reporting, and media publication – without using my full name or my address. No other entity is associated with Waccamaw Christian Mission, Inc. and volunteers are not representing any other church or organization.

I hereby certify that I own and occupy the home in need of repairs, the information on this profile is correct, and I am not preparing my home for sale. I understand that false information on this application in any way, may result in Waccamaw Christian Missions, Inc denying me services, or halting services without notice. I understand this information may be used for statistical reporting and may be furnished to other agencies that may provide assistance. I understand that submittal of this application does not guarantee that assistance will be provided. I agree to promptly provide Waccamaw Christian Missions, Inc any additional information needed to process my application.

In consideration for the voluntary services provided by the members of Waccamaw Christian Missions, Inc, I, the undersigned, hereby release and discharge its employees, agents, representatives, and volunteers from any and all liability, claims, demands, actions, or causes of action arising out of or related to any property damage, personal injury, or any other loss that may be sustained by me or my property during or as a result of the home repair activities.

I understand and agree that the volunteers from Waccamaw Christian Missions, Inc are providing these services on a voluntary basis, and I assume all risks associated with the home repairs or maintenance. I further agree to hold Waccamaw Christian Missions, Inc harmless from any and all claims, liabilities, or expenses that may arise from the home repair activities. It is my responsibility to obtain any needed permits and to contact 811 for underground marking of wiring.

I acknowledge that Waccamaw Christian Missions, Inc does not carry insurance coverage for property damage or personal injury related to the home repair activities. It is my responsibility to ensure that my homeowner's insurance adequately covers any potential risks associated with these repairs or I assume the cost of any damage or personal injury if I am uninsured.

**If I am approved, I understand that Waccamaw Christian Missions, Inc reserves the right to halt the rebuild at any time, for any reason.**

**\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date Co-Applicant Signature Date

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*  
WCM Team Review Date & Members:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_Approve \_\_\_\_\_\_\_Deny \_\_\_\_\_\_Delay due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

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

WCM Member Signature Date