

# COMMUNITY REHAB PROJECT

## June 11-16, 2023

**Mail completed Application  
By April 15, 2023 to:**

**Community Rehab Project  
P O Box 387  
Comanche, TX 76442**

**Application Information**

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

|   |        |                  |        |  |        |
|---|--------|------------------|--------|--|--------|
| Name – Owners   |        | Name – Owners    |        | Name – Owners  |        |
| Physical Address  |        |                  |        | Phone  |        |
| Mailing Address   |        |                  |        | City   |        |
| Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female |        | Date of Birth    |        | Marital Status<br><input type="checkbox"/> Married <input type="checkbox"/> Single |        |
| Resident Name(s)  | Age(s) | Resident Name(s) | Age(s) | Resident Name(s)   | Age(s) |
|   |        |                  |        |  |        |
| If you own any dogs, what breed(s)?                                     |        |                  |        | Dog Pen?<br><input type="checkbox"/> Yes <input type="checkbox"/> No               |        |

**Property Information**

|  |  |
|--|--|
| How long have you lived at this residence?   | Do you own or are you currently buying this home?<br><input type="checkbox"/> Yes <input type="checkbox"/> No          |
| Lending Institution (If Financed)  | Phone Number of Lending Institution (If Financed)  |
| Do you have any unpaid property taxes?<br><input type="checkbox"/> Yes <input type="checkbox"/> No (Attach copy of paid receipt) | Are there any outstanding judgments against this property?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| What outside repairs do you think are needed on your home:   |  |
|  |  |
|  |  |
|  |  |

**Total Family Annual Income**

|  |
|--|
| Do you file a Federal Income Tax Return? <input type="checkbox"/> Yes (Attach copy of most recent) <input type="checkbox"/> No |
|--|

Please List ALL sources and amount of income, including any salary, wages, pensions, social security, military pay, or self-employment. **Financial information must be complete for application to be considered.**

| Source of Income                                  | Amount   | Source Name |
|---|--|-------------|
|   |  |             |
|   |  |             |
|   |  |             |
|   |  |             |
|   |  |             |
|   |  |             |
| Location of any additional real estate properties | Do you receive any income from these properties?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |             |

(see other side)

**Liabilities**

List major debts, monthly payments, including credit card debt, all loans, medical and mortgage debt:

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

Can you or a family representative be home a majority of the Project workday? \_\_\_\_\_

**Agreement**

I am not presently planning to, nor do I intend within the next two years, to sell my home. I agree to pay back this program all the monies for materials if I sell my home within the next two year period. I, the undersigned, certify subject to disqualification and/or penalty, that this information is true and correct to the best of my knowledge and belief, and that the provisions stayed are accepted and agreed to. You are authorized to confirm my ownership, check my/our criminal, credit and employment history.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

**RELEASE AND HOLD HARMLESS AGREEMENT**

That I \_\_\_\_\_, desiring my home to participate in this program by volunteers do agree to indemnify and hold harmless and defend the Community Rehab Project program, its volunteers, officers, agents, and employees from and against all claims, suit, liability, demands or causes of action, for injury to or death of any person or for damage to any property, including court cost and attorney fees, arising from or in connection with my participation in the Community Rehab Project program, whether or not said claims, demands, causes of action are caused by the sole negligence of Community Rehab Project, its volunteers, employees, agents or servants, or whether it was caused by concurrent negligence of Community Rehab Project and a party to this agreement, or whether it was caused by concurrent negligence of Community Rehab Project and some other third party.

Before signing the Release and Hold Harmless Agreement, I read it fully and understand its terms.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2023

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**For Office Use Only:**  
  
Received \_\_\_\_\_  
Section \_\_\_\_\_  
Letter Sent \_\_\_\_\_  
Date Completed \_\_\_\_\_

**Must be mailed by  
April 15, 2023 to:**  
  
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