



Homeowner Application

Application Requirements

- Applicant is low or moderate income.
- Applicant is experiencing some degree of need (veteran, a family with children, elderly, disabled, etc.).
- Applicant owns the home needing repair.
- Applicant does not have the financial resources necessary to complete the repairs.
- Applicant is current on taxes.
- The home needing repairs is located within Chickasaw County, Iowa.
- Agree to have background check performed on all adults in the home.
- Agree to Release of Information

If you have any questions or need help filling out the application, please feel free to call (641) 631-6331 or email projectflo.throndson@gmail.com

PO Box 123 New Hampton, IA. 50659 (641) 631-6331 www.projectflo.net

Project Flo Association is registered as a 501(c)(3) non-profit organization. Contributions to Project Flo are tax-deductible to the extent permitted by law. Project Flo's tax identification number is 47-2760950. 12/21/2023

Applicant Information

Name: _____

Email Address: _____ Phone #: _____

Address: _____

City, State, Zip Code _____

Repairs Requested

What repairs/upgrades are needed? (Pick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Painting | <input type="checkbox"/> General clean up |
| <input type="checkbox"/> Caulking exterior | <input type="checkbox"/> Limited drywall installations |
| <input type="checkbox"/> Replacement windows | <input type="checkbox"/> Bathroom remodeling and floor repair |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Cabinet replacements |
| <input type="checkbox"/> New or enhance flooring | <input type="checkbox"/> General repairs |
| <input type="checkbox"/> Other | |

If other, please describe below.

Financial Information

Does the applicant own the home? _____ Yes _____ No _____ Unsure

Is the applicant having trouble paying for/performing the repairs (due to age, disability, lack of funds, etc.)? _____

If so, please explain:

What is the applicant's household current income range?

- | | |
|--|--|
| <input type="checkbox"/> Under \$10,000 | <input type="checkbox"/> \$30,000 - \$40,000 |
| <input type="checkbox"/> \$10,000 - \$20,000 | <input type="checkbox"/> \$40,000 - \$50,000 |
| <input type="checkbox"/> \$20,000 - \$30,000 | <input type="checkbox"/> Over \$50,000 |

Please mail complete form to: PO Box 123 New Hampton, IA 50659 (641) 631-6331

Approximate value of financial resources and assets?

(Including but not limited to: checking, savings, retirement accounts, collectibles, real estate that is not your home.)

- | | |
|---|--|
| <input type="checkbox"/> Under \$10,000 | <input type="checkbox"/> \$100,000 - \$150,000 |
| <input type="checkbox"/> \$10,000 - \$50,000 | <input type="checkbox"/> Over \$150,000 |
| <input type="checkbox"/> \$50,000 - \$100,000 | |

Please provide any other relevant information here:

Residents in the home:

Please list all adults and children living in the home.

Name:	Age:
_____	_____

Name:	Age:
_____	_____

Name:	Age:
_____	_____

Name:	Age:
_____	_____

Name:	Age:
_____	_____

Signature

Please indicate your understanding and agree to the following by INITIALING ALL statements below:

I HEREBY CERTIFY THAT:

_____ I do not plan or intend to sell my home within the next two years.

_____ I have proper homeowner's insurance.

_____ Except for conditions which may be described in this application, my home and the surrounding area is a safe place for volunteers.

_____ If requested, I agree to provide financial records to verify the income listed in this application, ownership of this property and insurance.

_____ I understand that because this is a volunteer organization dependent on donated services, materials, and funds, Project Flo reserves the right to revoke acceptance of any home into its program for any reason at any time.

_____ Any physically able person(s) residing in my home or visiting for the project day will work alongside Project Flo volunteers.

_____ I understand that if I own any pets, the pets will either be safely contained where they have no access to Project Flo volunteers, or moved away from the property while work is underway.

_____ If this waiver and release of claims is found ineffective by a court of law, then I waive all claims against Project Flo, and everyone associated with it, for property damage or personal injury.

_____ I understand that the people who may work on my home are unpaid volunteers; that few (if any) of these volunteers are skilled in the building trades; and that PROJECT FLO MAKES NO WARRANTIES OR REPRESENTATIONS, EXPRESS OR IMPLIED, ABOUT ANY OF THE MATERIAL(S) USED OR WORK DONE BY ANYONE ON MY HOUSE.

_____ I hereby release Project Flo, and all associated with it, from all liability arising from negligence for any personal injury or property damage arising out of or relating to the work done on my house. Project Flo will make every effort to ensure homeowners satisfaction to work completed on home.

_____ I also grant Project Flo unrestricted permission to use, copy, reproduce, alter, display, distribute, publish, and/or exhibit any pictures, video or narrative in which I may be included through any means of communication whatsoever for any lawful purpose whatsoever.

_____ I further release and discharge Project Flo from any and all claims arising out of such use or activity. In no event will Project Flo be liable for any incidental or consequential damages.

BY SIGNING THIS DOCUMENT, I/WE HEREBY CONFIRM THAT ALL INFORMATION IN THIS APPLICATION IS CORRECT AND THAT I/WE UNDERSTAND AND AGREE TO THE STATED TERMS AND CONDITIONS.

Signature

Date

Printed Name

Background Check Authorization for all adults in the home.

Adult 1:

Full Legal Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Social Security Number: _____

Email Address: _____ Phone Number: _____

Adult 2:

Full Legal Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Social Security Number: _____

Email Address: _____ Phone Number: _____

Adult 3:

Full Legal Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Social Security Number: _____

Email Address: _____ Phone Number: _____

I hereby authorize the Project Flo Association and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include but is not limited to the following areas: verification of social security number; current and previous residences; and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to the Project Flo Association or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

Project Flo Association and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Adult 1: Signature: _____ Date: _____

Adult 2: Signature: _____ Date: _____

Adult 3: Signature: _____ Date: _____



Project Flo Association

PO Box 123
New Hampton, IA 50659
www.projectflo.net

Permission to Use/Disclose Information and Release of Liability

Complete this form and store the completed form with other Project Flo Association documents and retain for seven years.

Section 1 – Event and Project Flo Association Information

Name of event and description: **[To be completed by Project Flo Association]**

Name of Project Flo recipient: **[Insert name(s) of recipient(s) here. Each recipient must sign at the bottom of this form.]**

Address:	City:	State:	Zip Code:
Phone (including area code):	Email:		

Section 2 – Release of Personal Information (to be completed by the Recipient)

I give permission to Project Flo Association and Project Flo Association members who assist in the event to use, publicly disclose, and publish the following information which may be obtained either from me or during the course of completion of a project by Project Flo Association:

- Demographic Information
- Information Re: Personal/Financial Situation
- Photographs or Video in conjunction with the project (whether taken before, after and during the project)
- Medical Information
- Other –

I agree that the information may be used, publicly disclosed, and published for the purposes of planning, conducting, advertising, and communicating the results of the event or for any other purpose, which may be beneficial to Project Flo Association. This information about me may be publicly disclosed and published by any means, including on the internet.

Section 3 – Release of Liability – CAUTION: THIS IS A RELEASE – READ BEFORE SIGNING

In Consideration of undertaking a service project by Project Flo Association (hereinafter PFA), I hereby release, acquit and forever discharge PFA, its officer, directors, employees, volunteers, successors, agents, heirs, assigns, insurers, and all other persons, firms and corporations, from any and all liability whatsoever, including all claims, demands and causes of action of every nature affecting me which I may have or ever claim to have by reason of this service project.

- This release covers all injuries and damages whether known or unknown and which may hereafter arise or develop from or be in any way connected with the service project.
- No consideration other than undertaking to perform any planning or work related to the service project has been promised to me by anyone. Neither the released parties nor anyone on their behalf has promised that my project will be undertaken or completed. The consideration for this release is the undertaking (not the completion) of the project. The released parties need not complete my service project and the failure to complete my service project is not a failure of performance by the released parties pursuant to this release.
- I will defend, indemnify and hold the released parties, and each of them, fully harmless with regard to any claim arising out of or in any way related to the proposed service project.
- I understand that the execution of this Release will be considered to have induced all of the released parties to undertake the proposed service project, should that occur.
- I acknowledge that the released parties and its volunteers are strictly volunteers who are donating their time and talent and are not nor are they working as certified or licensed contractors.

I HAVE READ THE FOREGOING RELEASE, UNDERSTAND ITS TERMS AND FREELY AND VOLUNTARILY SIGN THE SAME.

Signature of Recipient 1

Dated:

Signature of Recipient 2

Dated:

Send completed form to:
Project Flo Association
PO Box 123
New Hampton, IA 50659