



ASSISTANCE APPLICATION FORM

*We're neighbors working with neighbors.
And when we all work together,
everyone in the community benefits.*

7987 Ashton Avenue, Suite 231
Manassas, VA 20109
Phone: 703-792-7663 • Fax: 703-792-4094
www.pmahweb.org

<i>For internal use only:</i> E ___ L ___ M ___		
Referred By: AAA ___	CSB ___	MC ___
MP ___	PCE ___	PWC ___
Name: _____		
Phone: _____		

APPLICATION DATE _____

NAME _____ DATE OF BIRTH _____ SS# _____

SPOUSE _____ DATE OF BIRTH _____ SS# _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

Residence Jurisdiction Manassas City ___ Manassas Park ___ Prince William County ___

For Statistical/Grant Writing Purposes Only: Race – Please Check One

White ___ Black/African American ___ Black/African American & White ___ Asian ___ Asian & White ___

American Indian/Alaskan Native ___ American Indian/Alaskan Native & White ___ American Indian/Alaskan Native & Black/African American ___

Native Hawaiian/Other Pacific Islander ___ Other Multi-racial ___

Ethnicity: Hispanic ___ Non-Hispanic ___

Are you Head of Household? Yes ___ No ___

Do You Own this Home? Yes ___ No ___ Year House Built _____ (If renting, call for Tenant/Owner Release Forms)

Number of other Persons in Household _____ Cite Relationships: _____

Do they contribute to Household Support? Yes ___ No ___

If Yes, Indicate Type and Amount or Value: _____

Are you disabled? Yes ___ No ___ (If Yes, please Explain) _____

Are you a Veteran? Yes ___ No ___

MONTHLY INCOME

(Please attach documentation for income sources in the left column plus a copy of your IRS 1040 or 1040EZ.)

Employment \$ _____	Checking Account \$ _____
Pensions \$ _____	Savings Account \$ _____
Social Security \$ _____	Stocks/Bonds \$ _____
Other Retirement sources \$ _____	Personal Property (Other than home) \$ _____

MONTHLY LIVING EXPENSES

Mortgage / Rent \$ _____	Utilities \$ _____	Other \$ _____
Medical Expenses \$ _____	Food \$ _____	

DESCRIBE REPAIRS REQUESTED

PLEASE COMPLETE REVERSE SIDE OF THIS APPLICATION



ASSISTANCE APPLICATION FORM

*We're neighbors working with neighbors.
And when we all work together,
everyone in the community benefits.*

7987 Ashton Avenue, Suite 231
Manassas, VA 20109
Phone: 703-792-7663 • Fax: 703-792-4094
www.pmahweb.org

Has Project Mend-A-House assisted you before? Yes _____ No _____

If you have received prior assistance from Project Mend-A-House, please indicate:

Month _____

Year _____

Type of repairs that were completed: _____

******* CERTIFICATION AND RELEASE FROM LIABILITY *******

I (we) certify that the information provided in this application is true, correct, and complete to the best of my (our) knowledge. I (we) understand that failure to provide complete information may result in the termination of assistance through Project Mend-A-House. By my (our) signatures(s) below, I (we) also authorize the sponsors of Project Mend-A-House to assess, organize, and coordinate repairs to my (our) home that I (we) have requested. I (we) understand that this request can only be honored if appropriate volunteer assistance, materials, and resources are recruited and received by Project Mend-A-House and the request receives approval of the Project Mend-A-House committee. I (we) hereby agree that I (we) will not use Project Mend-A-House's resources (labor and materials) to make improvements on my (our) home so that I (we) may sell the property within the year of completion. If my (our) property is sold prior to one year after the repair completion date, I agree to reimburse Project Mend-A-House the cost of materials and \$20 per labor hour.

I (we) hereby release and agree to hold harmless Project Mend-A-House, its staff, and volunteers, from any liability in connection with the performance of home repairs and improvements, accidental damages to property, subsequent personal injuries resulting from use of repaired facilities, or failure of materials used for home repairs. Further I (we) will help others learn about Project Mend-A-House and I (we) agree to the use by Project Mend-A-House of photographs, slides, and media articles of the repair to publicize the benefits derived from this program.

*SIGNATURE _____ DATE _____

*SPOUSE SIGNATURE _____ DATE _____

*****YOUR SIGNATURE(S) IS (ARE) REQUIRED. PLEASE COMPLETE AND RETURN. *****

*****THANK YOU*****