

## Kenote Ministries Paint Program Application

### Personal Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

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

Age \_\_\_\_ Date of Birth \_\_\_\_\_ Female \_\_\_\_ Male \_\_\_\_

Black \_\_\_\_ White \_\_\_\_ Hispanic \_\_\_\_ Asian \_\_\_\_ Other \_\_\_\_

Marital Status: Single \_\_\_\_ Married \_\_\_\_ Widowed \_\_\_\_ Divorced \_\_\_\_

### Income Information:

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Work Number \_\_\_\_\_ Ext. \_\_\_\_\_

Gross Income \_\_\_\_\_ (Wkly) (BiWkly) (Monthly)(Yrly) Circle one

Number of People in Household (Including Applicant) \_\_\_\_\_

### Property Information:

Date Purchased Home \_\_\_\_\_ Age of the Home \_\_\_\_\_

Insured by \_\_\_\_\_

Roofing Problems: Yes \_\_\_\_ No \_\_\_\_ Children under 6 Yes \_\_\_\_ No \_\_\_\_

Mold: Yes \_\_\_\_ No \_\_\_\_ Foundation Damage: Yes \_\_\_\_ No \_\_\_\_

Type of Exterior Siding \_\_\_\_\_

Any Damage to Siding Yes \_\_\_\_ No \_\_\_\_

Please list all household members (including yourself) and monthly income of each in the table below. Give the relationship of each family member to the applicant, age and employment information.

MEMBER NUMBER	FULL NAME	RELATIONSHIP	AGE	EMPL YR	INCOME	SOURCE OF INCOME	SOCIAL SECURITY NUMBER
1. APPLICANT					\$		
2.					\$		
3.					\$		
4.					\$		
5.					\$		
6.					\$		
7.					\$		
8.					\$		

I/We certify that all information in this application package and all information furnished in support of this application, is given for the purpose of obtaining housing rehabilitation assistance, and is true and complete to the best of our knowledge. I/We further authorized Kenote Ministries to verify employment and other sources of income. I/We certify that the information provided in this application and all application documents required for application of the Kenote Ministries Program is true and correct as of the date set forth opposite my signature(s) on this form and acknowledge my/our understanding that any intentional and negligent misrepresentation(s) of the information contain in this application may result in civil liability and/or criminal prosecution. I/We also understand and agree that any changes in the number of household income prior to prior to work being performed on the home must be reported to Kenote Ministries subject to the same penalties as stated above.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# **Kenote Ministries Paint Program**

## **Terms and Conditions**

I, the undersigned, (also known as the resident) understand that work on my home (dwelling) MAY OR MAY NOT be accomplished. I further understand that any request for repairs or enhancements of my home (dwelling) is solely at discretion of Kenote Ministries and is based on the skill level of the volunteers recruited to perform the work.

However, if work is chosen to be performed on my home (dwelling) 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 volunteers and its representatives. Further, I waive any right to bring any legal action against Kenote Ministries, its licensees, successors, legal representatives and assignees upon completion of directors, employees, and agents of Kenote Ministries, its Board of Directors and affiliates from any and all claims related to work performed on my home (dwelling).

By signing this document the resident hereby gives Kenote Ministries, 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 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 finish product or products or the editorial, promotional, or printed copy or 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 Kenote Ministries, its licensees, successors, legal representatives and assignees from any liability for violation of any personal or proprietary right that I may have in connection with said images and with the use thereof.

Resident Signature \_\_\_\_\_ Date \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_