



## Operation Good Neighbor

### Eligibility requirements:

- Applicant must currently live in and own a single-family residence in Hardin County and intend to live in this home for at least the next two years.
- Applicant must be considered low-income, disabled, and/or a veteran of the U.S. Armed Forces or their living spouse.
- Total household income must not exceed:

# of Residents	Monthly/Annual Income
One	\$2,683 / \$32,200
Two	\$3,629 / \$43,550
Three	\$4,575 / \$54,900
Four	\$5,521 / \$66,250

### What does Operation Good Neighbor do?

- Improvement and repair of homes for those who either have no financial or physical resources to complete the needed repairs. The OGN team will review the requested repairs and determine if the necessary resources to perform said repairs are available. No promise of repair is made without signed consent of owner(s).
- The purpose of this work is to restore the character of the home and the surrounding neighborhood and to improve the home's safety and security.
- Volunteers do not provide any **major** electrical work, or plumbing services. This is not a guarantee of service.
- Unless applicant grants permission for OGN to share contact information with other non-profit organizations, the application will be kept confidential and will be used solely for the purpose of evaluating the acceptability of your home for repairs or refurbishment.

**NOTE:** Homes will be considered based on the availability of volunteers, materials, and scope of work.

### Work may include:

- Exterior Painting
- Caulking/Weather-stripping
- Repair or Partial Replacement of Damaged Siding, Fascia, or Trim
- Accessibility Ramp
- Railing Repair
- Stair/Walkway Repair
- Windows/Doors Repair
- Gutter Repair
- Deck/Porch Repair
- Roof Patching
- Light plumbing
- Light electrical (ex: replacing light fixtures)



## Homeowner Application

### Applicant Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

\_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Street Address:

\_\_\_\_\_

City, State:

\_\_\_\_\_

\_\_\_\_\_

ZIP Code: \_\_\_\_\_ County: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Email Address:

\_\_\_\_\_

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How did you learn about Operation Good Neighbor:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are one or more persons residing in the home disabled?**

- Yes, over 60
- Yes, under 60? Medical Statement required (please attach valid, current medical statement)
- No

**Are you a Veteran of The United States Armed Forces or Surviving Spouse?**

- Yes
- No

**Number of Children/Dependents Living in Your Home (Required):**

\_\_\_\_\_

**Ages of Children/Dependents Living in Your Home:**

\_\_\_\_\_



**Number of Renters, Roommates, etc. Living in Your Home (Required):**

\_\_\_\_\_

**Income:**

**Total Gross Monthly Income:**

\_\_\_\_\_

**Current Occupation:**

\_\_\_\_\_

**Employer:**

\_\_\_\_\_

\_\_\_\_\_

**If Retired or Disabled, Former Occupation:**

\_\_\_\_\_

**Please tell us about the home.**

**Square Footage of home:**

\_\_\_\_\_

**Number of Stories/Floors:**

\_\_\_\_\_

**Does the home have a basement, crawl space or slab?**

\_\_\_\_\_

**Year of Purchase:**

\_\_\_\_\_

**Year Built:**

\_\_\_\_\_

\_\_\_\_\_

**What is the exterior covering on the house?  
(Required)**

**House Trim Exterior:**

	Wood		Wood
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	<b>Brick</b>		<b>Aluminum</b>
	<b>Shake</b>		<b>Vinyl</b>
	<b>Stucco</b>		
	<b>Asbestos Slate</b>		
	<b>Aluminum</b>		
	<b>Vinyl</b>		

**Please list details regarding the requested repairs:**

### **HOMEOWNER AGREEMENT**

- I hereby certify that I do not plan or intend to sell my home within the next two years.
- I certify that I have homeowner's insurance.
- I confirm that, except for conditions which may be described in this application, my home and the surrounding area is safe 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 also understand that, because this is a volunteer organization dependent on donated services, materials, and funds, UWCK reserves the right to revoke acceptance of any home into its program for any reason at any time.
- I also confirm that any physically able person(s) residing in my home or visiting for the project day will work alongside UWCK volunteers.



- If this waiver and release of claims is found ineffective by a court of law, then I waive all claims against UWCK and everyone associated with it, for property damage or personal injury to the extent that those claims are covered by any health or property insurance that I may have.
- 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 UWCK 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 UWCK, 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.
- I also grant UWCK, 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 UWCK, from any and all claims arising out of such use or activity.
- In no event will UWCK be liable for any incidental or consequential. Please note: to assess your home's suitability for our program, we reserve the right to inspect the exterior of each home and the property surrounding it.

**Your signature below gives us permission to inspect the exterior of your home and surrounding property.**

I, \_\_\_\_\_ agree to the above Homeowner Agreement  
**Print Name**

**Signature of Homeowner:**

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

**If you have assisted the homeowner(s) with applying, please complete below:**

Name: \_\_\_\_\_  
Daytime Phone #: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Email: \_\_\_\_\_

**IN COMPLETION OF 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 (Required)**



**Signature of person assisting with application:**

\_\_\_\_\_

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