

Operation Good Neighbor

Eligibility requirements:

- Applicant must currently live in and own a single-family residence in Hardin, Meade, Larue, Breckinridge or Grayson 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: _____

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?

House Trim Exterior: (Required)

	Wood		Wood
	Brick		Aluminum
	Shake		Vinyl
	Stucco		
	Asbestos Slate		
	Aluminum		
	Vinyl		

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: _____