



APPLICATION

Please print as clearly as possible and complete all portions of the application. Make sure you sign the application at the bottom of the form. Please keep in mind assistance is provided on a first come, first serve basis in addition to available materials and volunteers. If your needs cannot be met at this time, you may be placed on a wait list.

Date: __/__/__

Head of Household Name:	Date of Birth:	On Social Security?	Disabled?
_____	__/__/__	YES / NO	YES / NO

Spouse's Name:	Date of Birth:	On Social Security?	Disabled?
_____	__/__/__	YES / NO	YES / NO

COMPLETE ADDRESS: _____

Home Phone Number: _____ Alternate Phone Number: _____

My home is a: ___ House ___ Mobile/Manufactured Home ___ Patio Home
 ___ Townhome/ Condo ___ Multi tenant facility

How long have you lived in this home? _____

Provide the **TOTAL** number of persons living in your home: _____

Please list their names, dates of birth and relationship to you (*only those that are over the age of 18*):

NAME:	Date of Birth:	Relationship:
1. _____		
2. _____		
3. _____		
4. _____		



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Approximate combined gross income (before taxes) of ALL persons living in this home:

\$ _____ Monthly / Annually

Do you operate a business out of this home? YES / NO If "Yes" provide business name and license number. _____

Is your home in foreclosure? Yes / No Did you receive a Notice of Violation from Code Enforcement? Yes / No If "Yes", who is your inspector? _____

Please tell me what you are seeking assistance for:

Do you own other real estate property? Yes / no If "YES", please list address:

How did you hear about the program? _____

Operation Fix It possesses the right to refuse assistance if the request is deemed not in the best interest of the program. WAIVER, the property owner agrees to indemnify, defend and hold harmless the City of Scottsdale, its officers, officials, employees, sponsors and volunteers from and against any and all claims, losses, liability, costs or expenses arising out of bodily injury of any person or damage to any person.

- The property owner also agrees to the following:
 1. Accepts the service or assistance "as is" and will be personally responsible for making any changes or improvements.
 2. Be aware that some projects might not be completed, or may be cancelled or rescheduled due to insufficient manpower, equipment, weather conditions, etc.
 3. Observe the work crew if physically able.



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4. Be on site while work is being performed or will provide notice to Project Coordinator.
5. Will keep all pets away from the work crew.
6. There will be no use of alcohol or any illegal substance on the day of the project.

----Failure to observe this agreement will be grounds for cancellation of service.----

I have read through this application and certify that all information provided is true and correct both written and verbal, to the best of my abilities. I understand any fraudulent statements or information provided will be grounds for cancellation and I will be unable to request assistance from this program in the future.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

For office use only:

Major Cross Streets are: _____

Materials Needed:

Volunteer Group to assist: _____

Project Date: _____ Estimated Cost of Assistance Provided: _____

Number of Volunteers at Project: _____ Hours worked: _____

Survey Mailed? _____