



8787 Commerce Court
Manassas, VA 20110
Phone: 703-792-7663
www.pmahweb.org

ASSISTANCE APPLICATION

We're neighbors working with neighbors.

For internal use only: E ___ L ___ M ___ N ___

Referred By: AAA ___ CSB ___ MC ___ MP ___ PCE ___ PWC ___

Other: _____

Name: _____

Phone: _____

APPLICATION DATE _____

How did you hear about PMAH? _____

NAME _____ DATE OF BIRTH _____ Last 4 SS# _____

SPOUSE _____ DATE OF BIRTH _____ Last 4 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:

PLEASE COMPLETE BOTH ETHNICITY AND RACE (CHECK ONE IN EACH CATEGORY)

Ethnicity: Hispanic ___ Non-Hispanic ___ **Race:** White ___ Black/African American ___ Asian ___

Black/African American & White ___ 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 ___

Are you Head of Household? Yes ___ No ___ Please indicate your gender: Male: ___ Female: ___

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

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) _____

Have you served in the Military? Yes ___ No ___ Are you a Military Spouse? 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	\$ _____		

PROGRAM(s) REQUESTED (Check all that apply):

Ramp: ___ Home Repair: ___ Loan Closet: ___ Freedom Alert: ___ Fan Care: ___ Safety: ___

DESCRIBE REPAIRS REQUESTED _____

Has Project Mend-A-House assisted you before? Yes ___ No ___ If yes, when (MO/YR)? _____

PLEASE COMPLETE REVERSE SIDE OF THIS APPLICATION



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******* 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 \$25 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.

I (we) understand that different agencies provide different services and benefits. Each agency must have specific information to provide services and benefits. By signing this form, I allow agencies to use and exchange certain information about me, including information in an electronic database, so it could be easier for them to work together efficiently to provide or coordinate these services or benefits. I authorize PMAH to share my contact information to the Area Agencies on Aging and No Wrong Door/Senior Navigator.

For, and in consideration of, Project Mend-A-House, I, the undersigned, for myself, my heirs, successors and assigns, agree to release and forever discharge Project Mend-A-House, their officers, employees and agents from any and all liabilities, demands or claims for loss or damage resulting from any injury or damage which may be sustained on account of using equipment from the Loan Closet, Freedom Alert or Fan Care Programs.

*SIGNATURE _____ DATE _____

*SPOUSE SIGNATURE _____ DATE _____

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

Loan Closet Program: Project Mend-A-House, in collaboration with other agencies, sponsors the Loan Closet Equipment Program. It is designed to provide equipment to community citizens who are disabled and in need. Loan closet items include hospital beds, bed rails, wheelchairs, stair climbers, toilet seats/chairs, shower/transfer benches, canes and walkers. All items belong to the consumer upon signing this contract and are given as a gift. If the equipment is in good and you are no longer in need of it, we request that you re-donate it back to the program.

Freedom Alert Program: Project Mend-A-House, in collaboration with other agencies and through funding by the Potomac Health Foundation, sponsors the Freedom Alert Program. It is a life line which enables you to live safely and independently in your home. This program is for seniors and people with disabilities. The Freedom Alert system/equipment belongs to PMAH and must be returned when it is no longer needed. **By signing this contract, you are agreeing to return the equipment.**

Cool Care Program: Project Mend-A-House, in collaboration with Dominion Virginia Power and the PW Area Agency on Aging provide fans for distribution to low-income seniors. A limited number of a/c units are also available. Eligible clients may receive one fan per year. Donated fans become the property of the individual.

Project Mend-A-House strives to serve those who would be financially burdened if he/she had to purchase this equipment new. When completing your application, please consider making a donation to the program.