



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

REVISED 11/18



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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.