

# Application

Forward Completed Application to:  
Contractors For A Cause:  
P.O. Box 1282  
Ocean View. DE. 19970



[ContractorsForACause@Gmail.com](mailto:ContractorsForACause@Gmail.com)

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## CONTRACTORS FOR A CAUSE FOUNDATION LLC HELPING HANDS HOME REPAIR PROJECT

### Applicant Information

Name:	
Date:	
Guardian/ Sponsor (name and contact info:	
Applicant's Age:	
Street Address:	
City State Zip Code:	
Home Phone:	
Alternate Phone:	
Email Address:	

### Person to Notify for Home Assessment if other than Applicant or Caregiver/Representative

Name:	
Phone number:	
Details (i.e. directions to home, etc.):	

### Reason for Request

Summarize the reason for home modification request and what other options have been pursued prior to making a request for a home modification. Include if the applicant received a PT/OT evaluation and recommendations.

## Home Modification Request

What is being requested? Please provide specific details

Household Income Information:	Amount per Month
1. Income from Employment	_____
2. Unemployment	_____
3. Alimony/Child Support	_____
4. Social Security	_____
5. SSI/Disability	_____
6. Other Income	_____
7. Pension Income	_____
8. Savings/Investments	_____

### CERTIFICATION

Client initials:

\_\_\_\_\_ I hereby certify that all the information given in connection with this application for HELPING HANDS Home Repair assistance is true and complete to the best of my knowledge.

\_\_\_\_\_ I also certify that I am the owner of the dwelling listed above and have currently resided in the house for a minimum of 1 year or more.

\_\_\_\_\_ I also understand that there is no charge for this service, except donations to CFAC are welcomed, both now and at any time in the future as long as I/we continue to live at this residence for a period of two years after this project is completed, and agree to:

1. Allow the CFAC HELPING HANDS Program Coordinators, Directors, its staff, volunteer(s) or any contractor representing the committee, access to the dwelling to perform the approved work in the process of removing a health and/or safety hazard.
2. Release and agree to indemnify and hold harmless the CFAC HELPING HANDS Coordinators, Directors, its staff and any approved volunteers representing said committees from any liability in connection with the performance of the approved repairs.

### APPLICANT CERTIFICATION

Client initials:

\_\_\_\_\_ I certify that I am the owner of the dwelling listed above.

\_\_\_\_\_ I certify that I/we are the primary residents of the dwelling listed above.

\_\_\_\_\_ I certify that I/we have resided in the dwelling listed above for at least the previous year.

- \_\_\_\_\_ I have received a copy of and agree to abide by the Homeowner Responsibility Policy.
- \_\_\_\_\_ I also understand that there is no charge for this service, except donations to CFAC are welcomed, as long as I/we continue to live at this residence for a period of two years after this project is completed.
- \_\_\_\_\_ I agree to allow the CFAC HELPING HANDS Coordinators, Directors, its staff, volunteer(s) or any contractor representing the committee access to the dwelling to perform the approved work.
- \_\_\_\_\_ I release and agree to indemnify and hold harmless the CFAC HELPING HANDS Coordinators, Directors, its staff and any approved volunteers representing said committees from any liability in connection with the performance of the approved repairs.

**NOTE: *The CFAC HELPING HANDS Program will make all contractual arrangements. Neither the HELPING HANDS Program nor CFAC will be responsible for any work or expenses authorized or incurred by others.***

- \_\_\_\_\_ I understand the CFAC HELPING HANDS Program reserves the right to remove or recycle any parts replaced by the program.
- \_\_\_\_\_ I understand the CFAC HELPING HANDS reserves the right to remove any Handicap access ramp or other handicap access installations including equipment such as elevators, lifts etc. it builds or installs, if the family for whom it was built no longer needs these services. All such Handicap access installations and equipment are leased from CFAC at \$1.00 value and belong to CFAC.

I hereby certify that all of the information provided in connection with this application is true and complete to the best of my knowledge.

\_\_\_\_\_

**HOMEOWNER'S SIGNATURE**

**DATE**

# Please keep this copy for your records:

## Safety and Maintenance Policy Statement Furnace and Detectors

Client initials:

\_\_\_\_\_ Furnaces should be cleaned **before the beginning** of each heating season. The cost for this service ranges from about \$100.00 to about \$125.00. Please contact your Fuel Company or service person. The CFAC HELPING HANDS Home Repair Project does **not** pay for routine maintenance.

\_\_\_\_\_ With any furnace you **must** keep fuel in the tank. If you run low, the system may become clogged by dirt or sediment from the bottom of the tank. Repair of the furnace due to an empty or nearly empty fuel tank is **not covered by any warranty**. The CFAC HELPING HANDS Home Repair Project is not under any obligation for any repairs to a newly installed furnace that are due to negligence. Any repair work is warranted for that repair **only**. Any other repairs or maintenance is **your responsibility**. This includes repairs due to running out of fuel, using the wrong type of fuel or any other service done as the result of these conditions.

\_\_\_\_\_ Your new smoke/carbon monoxide detectors will need to be checked monthly. The smoke /carbon monoxide detector has a battery backup, which must be replaced once a year. We suggest you replace the battery on the unit when changing your clocks for daylight-saving time. This will help to remember this very important task to be done for your safety.

### CERTIFICATION

Client initials:

\_\_\_\_\_ I certify that I am the owner of the dwelling listed above.

\_\_\_\_\_ I certify that I/we are the primary residents of the dwelling listed above.

\_\_\_\_\_ I certify that I/we have resided in the dwelling listed above for at least the previous year.

\_\_\_\_\_ I have received a copy of and agree to abide by the Homeowner Responsibility Policy (enclosed).

\_\_\_\_\_ I also understand that there is **ABSOLUTELY NO CHARGE** for this service as long as I/we continue to live at this residence for a period of two years after this project is completed

\_\_\_\_\_ **Should the above listed dwelling be sold within two years of the completion of the approved work, I/we agree to repay the CFAC Helping Handy Home Repair Project the full value of the work done.**

\_\_\_\_\_ I agree to allow the Emergency Home Repair Oversight Committee, its staff, volunteer(s) or any contractor representing the committee access to the dwelling to perform the approved work.

\_\_\_\_\_ I release and agree to indemnify and hold harmless the CFAC HELPING HANDS Home Repair Oversight Committee, its staff and any approved volunteers representing said committees from any liability in connection with the performance of the approved repairs. No warranties of any form are issued, implied or granted for any work done.

**NOTE:** All families approved for repairs by the CFAC HELPING HANDS Home Repair Project are also referred to the County CDBG Program for their comprehensive Housing Rehabilitation Programs. ***The Emergency Home Repair Project will make all contractual arrangements. Neither the Emergency Home Repair Project nor CFAC will be responsible for any work or expenses authorized or incurred by others.***

\_\_\_\_\_ I understand the CFAC HELPING HANDS Home Repair Project reserves the right to remove or recycle any parts replaced by the program.

\_\_\_\_\_ I understand the CFAC HELPING HANDS Home Repair Project reserves the right to remove any Handicap access ramp it builds if the family for whom it was built no longer needs that ramp.

I hereby certify that all of the information provided in connection with this application is true and complete to the best of my knowledge.

\_\_\_\_\_  
**HOMEOWNER'S SIGNATURE**

\_\_\_\_\_  
**DATE**

# ***Homeowner Responsibility Policy***

1. CFAC workers making GENERAL repairs in the home are volunteers. They are not state or contracted workers.
2. When contractors are enlisted to make plumbing, electrical, and heating repairs they would appreciate the same consideration as shown to the volunteers.
3. The work site must be prepared by the client before the job is started (i.e. moving furniture, closet cleaning, etc.).
4. When possible, family members are expected to help in making the repairs on the homes.
5. Assuring a safe work environment is paramount. Unsafe, unhealthy or abusive conditions will not be tolerated while workers are in the residence or neighborhood.
6. Bathroom privileges are expected and are to be available when necessary. The volunteers would appreciate an offer of coffee, sodas, or other appropriate drinks while they are working.
7. Linoleum will be installed in a kitchen or bathroom when a floor repair is completed. Carpet will not be replaced but every attempt will be made to preserve the existing carpet.
8. Routine upkeep of any handicap ramps, railings or stairs is the homeowner's responsibility. Please use any ramp with extreme caution as a ramp may become slippery when wet or icy.
9. The client has been approved for certain repairs in the home. The CFAC volunteers or contractors may only perform CFAC approved work. Please don't ask them to perform repairs that have not been specifically approved by the oversight committee.