

PLEASE RETURN AS SOON AS POSSIBLE TO INCREASE YOUR CHANCES FOR ACCEPTANCE THIS YEAR

Yachad's Homeowner Application

Yachad, pronounced *yah-hod*, means *together* in Hebrew, is the affordable housing and community development corporation of Greater Washington. Our Single Family Home Repair programs provide home repair assistance to lower-income Washington, D.C. area residents. To apply for the program, please complete this application, including the attached agreement and waiver and return it to the address below:

Yachad, 1776 Massachusetts Avenue, N.W., Suite 810, Washington, D.C. 20036.

We accept applicants on a rolling basis throughout the year. Our assistance is targeted to homeowners who have limited income and resources to make the repairs themselves.

Please include with the application a copy of a document which proves you are the homeowner, such as a current property tax bill or cover page of a homeowner's insurance policy.

Homeowner #1 Information

Homeowner(s) full name _____ Age _____

Home address, including zip code _____

Phone (home) _____ (work) _____

(cell) _____ Email _____

Number of years at this address _____

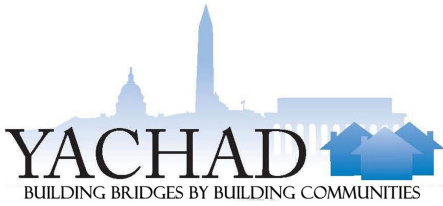
How did you find out about Yachad's program (if friend or family, please give full name)

Homeowner #2 Information (or second adult in home)

Full name _____ Age _____

Phone (home) _____ (work) _____

(cell) _____ Email _____



Other Resident Information

Number of people living in the home. _____

Please list the name and age of every person currently living in the home:

1. Name _____ Age ____ Occupation _____

Relation to Homeowner #1 _____ Income _____

Rent Paid _____ Disabilities (if applicable) _____

2. Name _____ Age ____ Occupation _____

Relation to Homeowner #1 _____ Income _____

Rent Paid _____ Disabilities (if applicable) _____

3. Name _____ Age ____ Occupation _____

Relation to Homeowner #1 _____ Income _____

Rent Paid _____ Disabilities (if applicable) _____

4. Name _____ Age ____ Occupation _____

Relation to Homeowner #1 _____ Income _____

Rent Paid _____ Disabilities (if applicable) _____

Does any resident have any special needs that the repairs might address, for example an accessibility ramp or accessibility modifications for a person who uses a wheelchair, mold removal, drywall repair for asthmatics? ____ yes ____ no

If so, please describe the disability and any special needs:



House Information:

Please describe generally the needed repairs to your home (ie. drywall repairs, leaky roof or windows, paint needed, broken toilet, oven broken, washer/dryer broken, etc.)

When was the last time the roof was repaired or replaced? _____

How old is your furnace? _____

Do all of your appliances work? If not, which are broken? _____

Has any other housing organization assisted you with your home repairs in the past? If so, who and when? (list all that apply)

Have you currently applied to any other housing or government organizations for home repairs and are waiting for approval? If so, who and when did you apply?

Do you plan on moving or selling your home in the next five to ten years?

Yes _____ No _____

Is there a contractor you usually use to help you maintain your home? If so, what is there name?

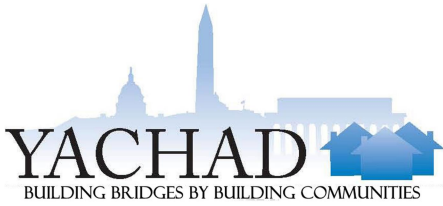
When did you purchase your home? _____

Did you inherit your home? If so, from whom? _____

Are you currently working with any social services? If so, what is the name and number of your social worker?

Do you use your home for work (ie. daycare, home office, etc.)? If so, how?

Income Information



Please list the specific annual income of every person, including Homeowner #1, living in the home who is over the age of 18 (please state the annual amount for each item that applies):

1. Name: _____

Employer: _____

Wages \$ _____ Social Security \$ _____ Pension \$ _____

Annuities \$ _____ Other \$ _____

2. Name: _____

Employer: _____

Wages \$ _____ Social Security \$ _____ Pension \$ _____

Annuities \$ _____ Other \$ _____

3. Name: _____

Employer: _____

Wages \$ _____ Social Security \$ _____ Pension \$ _____

Annuities \$ _____ Other \$ _____

4. Name: _____

Employer: _____

Wages \$ _____ Social Security \$ _____ Pension \$ _____

Annuities \$ _____ Other \$ _____

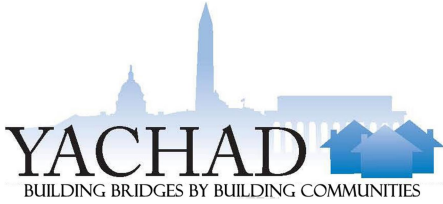
5. Name: _____

Employer: _____

Wages \$ _____ Social Security \$ _____ Pension \$ _____

Annuities \$ _____ Other \$ _____

Total adult household annual income: \$ _____



Expense Information:

Monthly mortgage payment: \$ _____

Monthly utilities (average): \$ _____

Monthly groceries (average): \$ _____

Other:

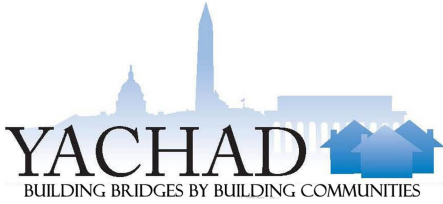
If there is any other information you would like for us to know about you or anyone else in the house, please write it here.

If you are not the homeowner but are assisting him/her in completing this application, please fill out the following:

Name _____ Phone _____

Relationship to homeowner _____

Is the homeowner aware of this application? ___ yes ___ no



[I][We], _____ **[INSERT NAME]** ([collectively,]the "Homeowner"), certify to Yachad, Inc., a District of Columbia nonprofit corporation ("Yachad"),, that the Homeowner resides at and is the sole owner of the property located at _____ **[INSERT ADDRESS]** (the "Property"). In order to permit the Homeowner to participate in Yachad's Single Family Home Repair Program (the "Program"), the Homeowner hereby further certifies, covenants and agrees as follows:

1. The information the Homeowner provided on the Homeowner Application, and in this Homeowner's Agreement and Waiver (the "Agreement"), is accurate and complete.
2. The Homeowner has no present intention to move from or otherwise vacate the Property or offer the Property for sale or otherwise transfer the Property to another person or entity.
3. The Homeowner has a homeowner's insurance policy relating to the Property that remains in effect.
4. The Homeowner understands and agrees that the persons who will work on the Property pursuant to the Program include unskilled volunteers (the "Volunteers"), who are directed and supervised by a contractor who is employed by or has agreed to provide pro bono services to Yachad (the "Contractor").
5. The Homeowner or a representative understands that he/she must attend both a Homeowner's Maintenance Workshop and Budgeting Workshop before any work starts on the home (unless otherwise notified and agreed to by Yachad).
6. The Homeowner understands that he/she and every able-bodied adult living in the house must assist the Volunteers on the work day or not be present in the home during that work day. On the days where only the Contractor is working, the Homeowner and residents do not need to assist with the work.
7. The Homeowner confirms that the Property is safe from dangerous conditions caused by people and/or animals for the Volunteers, the Contractor, and any other persons working for or on behalf of Yachad to work.
8. The Homeowner understands and agrees that neither Yachad nor any of Yachad's "Related Parties" (hereinafter defined) makes any warranties or representations, express or implied, regarding any materials provided or work performed on the Property. As used in this Agreement, the term "Related Parties " means Yachad's officers, directors, employees and agents, the Contractor, the Volunteers and any other persons, corporations, organizations or other entities working with or on behalf of Yachad.
9. The Homeowner hereby forever releases, waives and discharges Yachad and all of the Related Parties from any and all claims, causes of action, damages, liabilities, suits and costs (including reasonable attorneys' fees) relating to or arising from, directly or indirectly: (a) the Homeowner's participation in the Program and (b) the design, implementation, construction and/or operation of any of the work done at the Property.

HOMEOWNER:

Print Name: _____ Date _____