



FOR OFFICE USE ONLY:

Date Received: _____ Received By: _____

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Senior Home Assistance Repair Program S.H.A.R.P. APPLICATION

Applicant's Name:	Birth Date:
Co-Applicant's Name:	Birth Date:
Home Address:	Phone Number:
Are you the homeowner? If not, what is your relationship to the homeowner?	
Who lives in your home?	
Please describe your family:	
If you served in the military, please describe your service (years, location, position & branch):	
Do you or anyone in your house have a disability?	
Why do you need Habitat's help?	
Are you reaching out to any other organizations to receive help?	
Anything else you'd like to share?	

HOMEOWNER'S AGREEMENT

I/We, _____ certify that the information on this application is true and accurate and that I/we own the property at _____.
I confirm that any physically able persons residing in my home or visiting on the project day will work alongside the Habitat for Humanity OC volunteers. I confirm that, except for the conditions listed in this application, my home is a safe place for volunteers.

As the homeowner, my share of the cost of repairs will be based on a sliding scale, according to my income level, as determined by Habitat OC. I agree to pay Habitat for Humanity OC in accordance with the Payment Plan which will be mutually agreed to and attached to this Agreement.

I understand that the persons who may work on my house are unpaid volunteers; that few, if any of them, are skilled in the building trades; and that Habitat for Humanity OC MAKES NO WARRANTIES, EXPRESSED OR IMPLIED REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE.

I hereby agree that I, my assignees, their heirs, distributes, guardians, and legal representatives will not make a claim against, sue or attach the property of Habitat for Humanity OC or any affiliated organizations or the suppliers of any tools or equipment that I use in these activities, for injury or damage resulting from negligence or other acts, howsoever caused by any employee, agent, contractor of, or participant in Habitat for Humanity OC activities. I hereby release Habitat for Humanity of OC and any of its affiliated organizations from all actions, claims or demands that I, my assignees, heirs, guardians, and legal representatives now have or may hereafter have for injury or damages resulting from my participation in any Habitat for Humanity OC activities.

SIGNATURE OF HOMEOWNER

DATE

SIGNATURE OF HOMEOWNER

DATE

MEDIA AND PUBLICITY

Habitat for Humanity of Orange County often works in conjunction with corporate and/or church sponsors. These sponsors provide all or a portion of the funds for the project. In addition, they provide some of the volunteers to help complete the work on the home. In celebration, some sponsors wish to publicize the event and information about the family in different newsletters, newspapers, radio stations, television, etc.

I/we consent to having information released about our family to sponsors and for internal Habitat for Humanity publications including, but not limiting to, the organization's newsletters, and website.

SIGNATURE OF HOMEOWNER

DATE

SIGNATURE OF HOMEOWNER

DATE

Where did you learn about Habitat for Humanity of Orange County and its home repair program?

TV Radio Newspaper Flyer Friend/Neighbor HFH ReStore

Other: _____

COVID-19 ASSUMPTION OF RISK, WAIVER, AND RELEASE

The novel coronavirus, also known as COVID-19, has been declared a pandemic by the World Health Organization. COVID-19 is extremely contagious. COVID-19 can cause serious illness, permanent disability, or death. Federal, State, and local officials have issued guidelines to prevent exposure to COVID-19, including prohibiting the congregation of groups of people. Information about COVID-19, including its symptoms and guidelines to prevent its spread are available online at the Centers for Disease Control and Prevention website (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>) and the State of California’s COVID-19 information website (<https://covid19.ca.gov/>). Habitat for Humanity of Orange County (“HABITAT”), and the City of Newport Beach by and through the OASIS Senior Center (“OASIS”), cannot guarantee that you will not be exposed to COVID-19 through your participation in the Senior Home Assistance Repair Program (“SHARP Program”). **By participating in the SHARP Program, you agree to the following:**

1. You are aware that your participation may result in exposure to COVID-19 by yourself or others, which could cause injury, death, disability, illness, property damage, or other loss (collectively, referred to as “Risk of Injury”) to yourself or others, and that you are voluntarily participating with the full knowledge of the Risk of Injury.
2. You accept responsibility for any and all Risk of Injury arising out of or connected with your participation, on behalf of yourself, your dependents, spouse, heirs, executors, administrators, representatives and assigns, and anyone who might claim on your behalf.
3. You waive, release, hold harmless and forever discharge HABITAT and OASIS, and their respective officials, officers, agents, volunteers, contractors, or employees (collectively, the “Released Parties”) from liability for any and all claims, demands, causes of action, damages, judgments, costs or expenses, including attorneys’ fees and other litigation costs, medical expenses, fees or other costs, which may arise out of or be connected with your participation.
4. You understand and agree that this release and waiver extends to all claims of every kind or nature whatsoever, either in law or equity, foreseen or unforeseen, known or unknown, and you expressly waive all rights under California Civil Code § 1542, which states:
A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party.
5. You agree to immediately notify HABITAT and OASIS if you if you have had symptoms of COVID-19, or have been exposed to someone with symptoms of COVID-19, in the past fourteen (14) calendar days.

I HAVE READ, UNDERSTOOD, AND VOLUNTARILY AGREE TO THIS ASSUMPTION OF RISK, WAIVER, AND RELEASE OF LIABILITY.

Participant Name (Print)

Participant Name (Print)

Participant Signature

Participant Signature

Date

Date

CHECKLIST OF REQUIRED DOCUMENTS

The following is a checklist of the items that you must enclose with your application packet. All of the information in your application is confidential and will be kept strictly private. Only officially designated Habitat for Humanity OC staff and committee members will see it. Please use this checklist to help you in gathering the required information.

Please make sure to check off the items below as you include them with your application.

- _____ Proof of current homeowner's insurance.
- _____ Copy of most recent mortgage statement.
- _____ Two months of checking and/or savings account statements – all pages and most current (including but not limited to stocks, IRA's, pension accounts, mutual funds etc.).
- _____ Copy of the Recorded Deed.
- _____ Copy of most recent property tax statement.
- _____ ID card or Driver's License AND Passport or Birth Certificate

All documents submitted must show the name and address of the applicant.

Please include proof of income for each homeowner and/or adult household member. All adults over the age of 18 must submit proof of income and/or proof of student status showing name and address.

Please indicate with an "X" each item that is being included for each person in the household.

	Homeowner 1 (applicant)	Homeowner 2 (co-applicant)	Other Household Member	Other Household Member	Other Household Member	Other Household Member
Tax Returns + W2						
Social Security						
Retirement/Pension						
Pay Stubs (2 mos)						
Disability/SSI						

Do you receive rental income? No Yes **If Yes, how much per month? \$** _____

Please list any other income not included above: _____

For Reporting Purposes:

- Race/National Origin** _____
- Ethnicity** _____
- Head of Household – Male / Female**
- I do not wish to furnish this information**