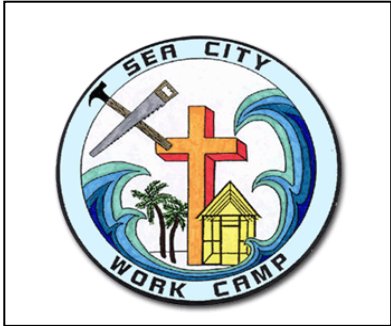


Sea City Work Camp

Corpus Christi District of the United Methodist Church
 P.O. Box 10449 Phone: (361) 946-9675
 Corpus Christi, Texas 78460



HOUSING REHABILITATION APPLICATION

The information provided below will be considered CONFIDENTIAL and is intended only for use by and distribution to persons associated with Sea City Work Camp.

DATE: _____ PHONE NUMBERS: HOME: _____
 CELL: _____

OWNER: _____
 ADDRESS: _____
 CITY: _____ ZIP: _____
 NEAREST RELATIVE: _____ PHONE: _____

Name of ALL Household Occupants Including Homeowner & All residents in the household	Relation to Head	Date of Birth	Age	Sex	Monthly Income	

Marital Status: _____ Disabled? _____ Yes _____ No
 Handicapped? _____ Yes _____ No Hearing Impaired? _____ Yes _____ No

HOME OWNERS INCOME SOURCES (Include child support)

1. _____ Amount: \$ _____
2. _____ Amount: \$ _____
3. _____ Amount: \$ _____
4. _____ Amount: \$ _____

Signature: _____ Date: _____

SEA CITY WORK CAMP

HOUSING REHABILITATION APPLICATION REQUIREMENTS

The following are requirements of the Sea City Work Camp program:

1. Applicant must meet the program's income guidelines.
2. Applicant must own or be purchasing a home in which the owner resides for at least twelve (12) months before applying.
3. All taxes on the property must be current.
4. Applicant must be willing to show a copy of the deed.
5. This program is a *grant* and does *not* require repayment by owner.
6. All pets must be securely kept away from campers.

This is an application for the housing rehabilitation program offered by Sea City Work Camp. This is *not* an agreement or promise by Sea City Work Camp to do any work. This application will be reviewed by a Committee, and you will be informed of the results by mail. Sea City Work Camp will select qualified homes and determine the scope and amount of work to be done at its discretion.

I, the undersigned homeowner/applicant, apply for consideration by the Sea City Work Camp and agree to the terms of this Housing Rehabilitation Application and Release of Liability.

 Homeowner/Applicant

 Date

Describe the repairs that you request to be done:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Additional Comments: _____

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RELEASE OF LIABILITY

I, the undersigned homeowner/applicant, have applied to Sea City Work Camp for free repair work to my home. If Sea City Work Camp accepts my application and performs repairs to my home, I wish to release Sea City Work Camp and its sponsors and volunteers from liability as follow:

In consideration of the charitable services and free materials and labor provided to me for my home by Sea City Work Camp, I, the undersigned homeowner/applicant, for me and my heirs, legal representatives and assigns, hereby Release, Waive, Relinquish, and Forever Discharge the Corpus Christi District of the United Methodist Church, all participating churches, staff, directors, Sea City Work Camp, all volunteers performing labor, and all individuals furnishing materials for the repairs to my home (the Church, the Camp and such people are referred to as the "Project Sponsors") from any and all claims, causes of action, liabilities, demands, rights, damages, costs, expenses, and promises of every kind and description, whether at law or in equity, known or unknown, attributable to or arising out of the repair project on my home and the work or materials furnished by the Project Sponsors including, without limitation, any claims for defective workmanship, defective materials, and damages to my home.

I understand that the Project Sponsors reserve the right to limit the scope of work and/or withdraw from any project due to any unforeseen conditions or circumstances.

I agree that the repair work and all materials will be delivered, completed, and accepted AS IS and WITH ALL FAULTS. I agree that if my application is accepted, I will allow such work to be done. I understand that the Project Sponsors do not guarantee any work or materials furnished as part of the repairs. Finally, the Project Sponsors are not in any way responsible for any maintenance or on-going repair work to my home.

I give Sea City Work Camp permission to release any information concerning my home.

Homeowner/Applicant

Date

Sea City Work Camp

Corpus Christi District of the United Methodist Church
P.O. Box 10449 Phone: (361) 946-9675
Corpus Christi, Texas 78460

HOMEOWNER APPLICATION

Dear Homeowner,

Sea City Work Camp is a home rehabilitation project organized by the Corpus Christi District of the United Methodist Church.

We are concerned about the quality of life in our community. One of the ways we can address our concern is by repairing residences of homeowners who have special needs but have limited resources. When we help persons live safely and securely in their own homes, we feel that we are doing God's work by helping our neighbor.

Sea City Work Camp concentrates its efforts in the local Corpus Christi area. □

Sea City Work Camp will conduct most construction and repairs during the month of June. We will utilize high school youth from local churches and supervising skilled adults to make the repairs. Sea City Work Camp will provide labor and materials at no cost to the homeowner/applicant. This is a **free** program.

If you would like to have your house considered for our repair project, please fill out the Application and Release Forms attached and return them to the address below. To qualify for this project, you must complete a Housing Rehabilitation Application (enclosed), meet the requirements for the project, and agree to the Release of Liability.

Please return forms to: Sea City Work Camp
P.O. Box 10449
Corpus Christi, Texas 78460

**IF YOU CANNOT USE THIS APPLICATION, PLEASE PASS IT ON TO A NEIGHBOR OR
FRIEND WHO LIVES IN THE NEARBY AREA.
THANK YOU.**

Revised: 08-28-2011

A PROJECT SPONSORED BY THE Corpus Christi DISTRICT OF THE UNITED METHODIST CHURCH.