GOOD NEIGHBORS PROGRAM

Application Packet

WHAT IS THE GOOD NEIGHBORS PROGRAM?

The Good Neighbors Program was created to help pair area volunteers with homeowners within the Azle city limits that are unable to complete necessary repairs to their homes because of difficulties or circumstances beyond their control.

AM I ELIGIBLE FOR THE GOOD NEIGHBORS PROGRAM?

The Good Neighbors Program is designed to provide help to those homeowners who are in the greatest need of assistance and are unable to perform the necessary work themselves. A homeowner must meet one or more of the following criteria to be considered eligible for assistance through the Good Neighbors Program; handicapped, disabled, elderly, or a single head of household (single parent) with children under 18 years old living at home. Additionally, this program is limited to those homeowners who meet certain income restrictions and have lived at their current residence for a minimum of two (2) years. To determine if you are eligible for this program, please fill out the attached application and a member of the Good Neighbors Program Committee will contact you to discuss your situation.

HOW LONG DOES IT TAKE FOR MY HOME TO BE REPAIRED?

Once it is determined that a homeowner is eligible for the Good Neighbors Program, their address will be added to a list of homes currently needing assistance. This list is shared with volunteer organizations who have partnered with the City of Azle and Servolution Community Network to assist with the Good Neighbors Program. Volunteers include churches, businesses, civic organizations and individuals who have a desire to help. These are the organizations that will ultimately select your specific home and complete the necessary repairs. Since this is a volunteer-based program, we cannot guarantee a time frame of when or if your home will be chosen from this list. It is also a possibility that only a portion of the items you requested will be completed due to the limitations of the volunteer organizations.

HOW DO I APPLY TO THE GOOD NEIGHBORS PROGRAM?

Please email, mail, or hand-deliver the entire completed packet to:
Malinda Nowell, Sr. Administrative Assistant
City of Azle | 505 W. Main St. | Azle, TX 76020 | 8:00 a.m. to 5:00 p.m.| Monday-Friday
mnowell@cityofazle.org

****THIS PAGE OFFICE USE ONLY****

Application Checklist

Applicant Name: _____

Applicant Address: _____

- ☐ Date Received: _____
- ☐ Inside City of Azle? _____
- ☐ What County? _____
- ☐ HUD current year low-income limit based on number in household: _____
- ☐ Do they own other properties? _____
- ☐ Are they going to sell this property w/in 2 yrs? _____
- ☐ Staff emailed date: _____
- ☐ Staff review due back date: _____
- ☐ Staff reviews:
  - Planning and Development – Approve/Deny/Comments_____
  - Code Enforcement/Liens – Approve/Deny/Comments_____
  - Police – Approve/Deny/Comments_____
  - Fire – Approve/Deny/Comments_____
  - Public Works – Approve/Deny/Comments_____
- ☐ Taxes in what name? _____
  - Current or past due? _____
- ☐ City of Azle water bill in what name? _____
  - Current or past due? _____

If all the above is approved, then:

- ☐ If below forms NOT received, mail copies with conditional letter.
  - Homeowner Waiver of Liability and Disclaimer received? _____
  - Certification of Income received? _____
- ☐ Conditional letter mailed date: _____
- ☐ Financials and/or forms received date: _____
  - Most recent tax return: _____
  - Last 3 months bank statements OR last 6 months check stubs _____

Review outcome:

- ☐ Approved
  - Approval letter sent date: _____
- ☐ Denied
  - Reason(s): _____
    _____
    _____
  - Denial letter sent date and initials: _____

****THIS PAGE OFFICE USE ONLY****

GOOD NEIGHBORS APPLICATION

APPLICATION WILL BE DENIED IF THESE ITEMS DO NOT MATCH:

1. **APPLICANT MUST BE THE LEGAL OWNER OF THE PROPERTY AND RESIDE AT THE STATED ADDRESS.**
2. **CITY WATER ACCOUNT FOR THIS ADDRESS MUST BE IN THE SAME NAME AS THE APPLICANT/OWNER.**

APPLICANT CONTACT INFORMATION:

Name:_____ Date:_____

Street Address:_____

City, State, Zip Code:_____

Email:_____ Date of Birth:_____

Drivers Lic. #:_____

Cell Phone:_____ Alt. Phone:_____

Best time to call?_____ Best time to come by?_____

How long have you lived at this residence? _____Years _____Months

Are you behind on your mortgage? _____Yes _____No If yes, how many months behind? _____

Is your home: _____Electric Only _____Gas & Electric

Must meet one of the following criteria to receive assistance: (Check all that apply)

_____Handicapped _____Veteran/spouse of a veteran (honorably discharged with form DD214)
_____Disabled _____Single head of household (single parent) with a dependent child living at home
_____62 years of age or older

Provide the full name, date of birth, driver's license number (if over 16 years of age), and relationship for **all people** currently living in your home, **whether they are related to you or not**.

Full Name:_____Date of Birth:_____DL#:_____Relationship:_____

Full Name:_____Date of Birth:_____DL#:_____Relationship:_____

Full Name:_____Date of Birth:_____DL#:_____Relationship:_____

Full Name:_____Date of Birth:_____DL#:_____Relationship:_____

Full Name:_____Date of Birth:_____DL#:_____Relationship:_____

You may attach additional sheets of paper if needed.

Based on the number of occupants residing in your home, is your TOTAL HOUSEHOLD INCOME below the level indicated on the chart below? _____Yes _____No

Total household income includes the <u>total of all income from all persons living at the property</u> including wages, retirement, child support, alimony, etc.

Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
80% Income Limits	$59,760	$68,320	$76,880	$85,360	$92,240	$99,040	$105,920	$112,720

This chart is adopted from the U.S. Department of Housing & Urban Development-Fort Worth-Arlington- FY 2025 (6.24.25)

Do you have documentation to support your answers? _____Yes _____No
Are you financially able to pay for house repairs? _____Yes _____No
Do you own any other properties? _____Yes _____No
Are you willing to provide copies of documentation for verification? _____Yes _____No
Are you going to sell this property within the next two (2) years? _____Yes _____No

NARRATIVE SECTION

Please use the space below to describe what repairs you feel are necessary at your home. You may attach additional sheets of paper if needed.

_____

_____

_____

_____

_____

_____

Please use this section to explain your current situation to the Good Neighbors Program Committee. For example: <u>What circumstances led you to need assistance with home repairs? Why should your home be considered for this program instead of another one in your neighborhood?</u> You may attach additional sheets of paper if needed. Once you are finished, please sign and date the bottom of the form.

_____

_____

_____

_____

_____

_____

_____

_____

_____

By signing this form, I understand submission of this application does not guarantee I will qualify for or receive assistance from the Good Neighbors Program or any of its' affiliated volunteer organizations. I further understand that more documentation may be required to verify portions of this application.

Signature: _____ Date: _____

GOOD NEIGHBORS PROGRAM
HOMEOWNER WAIVER OF LIABILITY AND DISCLAIMER (READ CAREFULLY BEFORE SIGNING)

I,_____, hereby acknowledge that I am the legal owner of the property located at _____ ("Property") and that I have voluntarily agreed to participate in the Good Neighbors Program ("Program") for certain construction and/or repairs (collectively the "Work") to the residence located on the Property. I further acknowledge the Work will be performed at no charge to me by volunteers who will not be compensated for their labor.

I am at least eighteen (18) years of age and legally competent to sign this Waiver of Liability and Disclaimer ("Waiver"). I understand the Program, and Work associated with the Program, involves certain risks that are inherent in such activities, specifically including, but not limited to: property loss/damage, personal injury that may require certain first aid and/or medical treatment, and risks that I may not be able to foresee or anticipate.

In consideration of my participation in the Program, I hereby acknowledge that I assume and accept all risks in connection with the Program, and Work associated with the Program, for any harm, injury, or damage that may befall me or my Property as a result of the Program, Work associated with the Program, and/or my participation in the Program, including activities preliminary and subsequent to the Work and the Program, whether foreseen or unforeseen.

I understand and agree and hereby acknowledge that I will not attempt to hold the Program or any of the Released Persons (as defined below) liable in any way for any occurrences arising out of the Program, Work associated with the Program, and/or my participation in the Program that may result in injury, death, or other damages to me or my Property.

I DO HEREBY EXEMPT AND RELEASE THE CITY OF AZLE, SERVOLUTION COMMUNITY NETWORK, GOOD NEIGHBORS PROGRAM, ITS STAFF MEMBERS, EMPLOYEES, VOLUNTEERS, CONTRACTORS, AFFILIATES, AGENTS, AND ATTORNEYS (COLLECTIVELY, THE “RELEASED PERSONS”) FROM ANY AND ALL LIABILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY THE ACTS OR OMISSIONS OF ANY ONE OR MORE OF THE RELEASED PERSONS ARISING OUT OF THE PROGRAM, WORK ASSOCIATED WITH THE PROGRAM, OR MY PARTICIPATION IN THE PROGRAM, SPECIFICALLY INCLUDING, BUT NOT LIMITED TO, ANY SUCH LIABILITY ARISING OUT OF A CONSTRUCTION DEFECT, WHETHER LATENT OR NOT LATENT, CAUSED BY THE NEGLIGENCE, GROSS NEGLIGENCE AND/OR WILLFUL OR INTENTIONAL MISCONDUCT OF ANY ONE OR MORE OF THE RELEASED PERSONS, OR THE BREACH OF ANY WARRANTIES, WHETHER EXPRESS OR IMPLIED, ARISING OUT OF COMMON LAW, CONTRACT, OR STATUTE, SPECIFICALLY INCLUDING, BUT NOT LIMITED TO THE WARRANTIES OF MERCHANTABILITY, FITNESS, REPAIR, HABITABILITY, SUITABILITY, CONSTRUCTION, AND SERVICES PERFORMED IN A GOOD AND WORKMANLIKE MANNER.

I FURTHER HEREBY ACKNOWLEDGE AND AGREE TO DEFEND, INDEMNIFY, SAVE, HOLD HARMLESS, AND COVENANT NOT TO SUE THE RELEASED PERSONS FOR ANY AND ALL CLAIMS, DEMANDS, DAMAGES, CAUSES OF ACTION AND SUITS IN EQUITY, WHETHER ARISING OUT OF COMMON LAW, EQUITY, ARBITRATION OR STATUTE, NOW OR HEREAFTER ARISING, KNOWN OR UNKNOWN, ASSERTED BY ME AND/OR MY ESTATE, HEIRS, EXECUTORS, ADMINISTRATORS, OR ASSIGNS) ARISING OUT OF THE PROGRAM, ASSOCIATED WITH THE PROGRAM, OR MY PARTICIPATION IN THE PROGRAM, WHETHER SUCH CLAIMS, DEMANDS, DAMAGES, CAUSES OF ACTION AND SUITS ARISE OUT OF A CONSTRUCTION DEFECT, WHETHER LATENT OR NOT LATENT, THE NEGLIGENCE, GROSS NEGLIGENCE AND/OR WILLFUL OR INTENTIONAL MISCONDUCT OF ANY ONE OR MORE OF THE RELEASED PERSONS; OR THE BREACH OF ANY WARRANTIES, WHETHER EXPRESS OR IMPLIED, ARISING OUT OF COMMON LAW, CONTRACT, OR STATUTE, SPECIFICALLY INCLUDING, BUT NOT LIMITED TO THE WARRANTIES OF MERCHANTABILITY, FITNESS, REPAIR, HABITABILITY, SUITABILITY, CONSTRUCTION, AND SERVICES PERFORMED IN A GOOD AND WORKMANLIKE MANNER.

I also hereby grant and convey unto the Good Neighbors Program all right, title, and interest in any and all photographic images and video or audio recordings made during the Program and/or Work associated with the Program, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

I hereby acknowledge and expressly agree that all indemnities, releases and waivers contained in this Waiver are intended to be as broad and inclusive as permitted by the laws of the State of Texas and that, if any portion of the agreements in this Waiver are held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

This Waiver contains the entire agreement between me and the Good Neighbors Program regarding the Program, Work associated with the Program, and my participation in the Program. I understand the terms herein are contractual and not merely recitals, and that I have signed this document of my own free will.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS WAIVER BY READING IT BEFORE I SIGNED IT.

SIGNED this the _____ day of _____ 20____.

Signature: _____

Printed Name: _____

Address: _____

Phone Number: _____