

APPLICATION RELEASE TO OBTAIN VERIFICATION OF INCOME.

I authorize the Safe Roof Program of my house, available from the Safe Roof Program in order to determine the impact of service to my house.

As an applicant for Safe Roof Program, I do hereby give my permission to the program staff administering this Program to verify all household income prior to the starting date of this work to be done. (Each household members over 18 years old must sign below for verification of income).

I understand that services cannot be provided if health and safety problems are beyond the scope of this program it is the responsibility of the applicant to correct unsafe conditions or to contact alternative funding sources for assistance.

I grant permission for the the Safe roof program or its designee to enter my property and to make applicable repair for the Safe Roof Program of my home. I also release and pledge to hold harmless the WAP staff : Safe Roof Program staff from any liability resulting from these repairs.

I certify that the home for which I am requesting Safe Roof Program assistance, is not designated for acquisition or clearance by federal, state, or local programs within twelve (12) months from the scheduled completion date.

ALL APPLICATION INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant

Date

Family Member

Family Member

Signature of Intake Person

Date

Directions to your home if you do not have a street address _____



FOR OFFICE USE ONLY

Method of Income Verification _____

Applicant is: Eligible _____ Ineligible _____ Reason for Ineligibility _____

Source of Income Documentation _____

I certify that I have verified and found accurate the income of the applicant.

Signature of Safe Roof Program Staff Member

Date