

# OPERATION FIX IT APPLICATION



Please print clearly and complete all portions of the application. Please keep in mind assistance is provided on a first come, first serve basis in addition to available materials and volunteers. If your needs cannot be met at this time, you may be placed on a wait list.

Date \_\_\_\_\_

Head of Household Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ On Social Security? YES / NO Disabled? YES / NO

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ On Social Security? YES / NO Disabled? YES / NO

Complete Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Is this a rental property? YES / NO

My home is a: \_\_\_\_\_ House \_\_\_\_\_ Mobile/Manufactured Home \_\_\_\_\_ Patio Home  
 \_\_\_\_\_ Townhome/Condo \_\_\_\_\_ Multi-tenant facility

How long have you lived in this home? \_\_\_\_\_

Provide the **TOTAL** number of persons living in your home: \_\_\_\_\_

Please list their names, dates of birth and relationship to you for everyone over the age of 18:

NAME:	DATE OF BIRTH	RELATIONSHIP

Approximate combined gross income (before taxes) of ALL persons living in this home:

\$ \_\_\_\_\_ Monthly / Annually

Do you operate a business out of this home? YES / NO If "yes" provide business name and license number. \_\_\_\_\_

Is your home in foreclosure? YES / NO

Did you receive a Notice of Violation from Code Enforcement? YES / NO

If "yes" who is your inspector? \_\_\_\_\_

Please tell me what you are seeking assistance for:

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Do you own other real estate property? YES / NO If "yes", please list address('s):

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How did you hear about the program? \_\_\_\_\_

Operation Fix It possesses the right to refuse assistance if the request is deemed not in the best interest of the program. Waiver, the property owner agrees to indemnify, defend and hold harmless the City of Ogden, its officers, officials, employees, sponsors, and volunteers from and against any and all claims, losses, liability, costs or expenses arising out of bodily injury of any person or damage or any person.

- The property owner also agrees to the following:
  - Accepts the service or assistance "as is" and will be personally responsible for making any changes or improvements.

- Be aware that some projects might not be completed, or may be cancelled or rescheduled due to insufficient manpower, equipment, weather conditions, etc.
- Observe the work crew if physically able.
- Be on site while work is being performed or will provide notice to Project Coordinator.
- Will keep all pets away from the work crew.
- There will be no use of alcohol or any illegal substance on the day of the project.

~ Failure to observe this agreement will be grounds for cancellation of service ~

I have read through this application and certify that all information provided is true and correct both written and verbal, to the best of my abilities. I understand any fraudulent statements or information provided will be grounds for cancellation and I will be unable to request assistance from this program in the future.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_