

Light Work

Home maintenance

Please print and mail to:

Iowa Valley Habitat for Humanity 2401 Scott Blvd Iowa City, IA 52240

Section 1: Homeowner / Primary Residence Information		
Name:	Date of Birth	
Address:	Email Address:	
	County:	
Phone:		
How many people live in your home?		
Are you a veteran of the United States Armed Forces	s? Yes / No	
Section 2: Work Request		
Which of the following are in need of replacing? (Circle all that apply)		
Furnace filter Batteries in smoke dete	ctor Light bulb(s)	
Do you have any other areas that require light maintenance? If so, list below.		

Section 3: Media and Publicity

If *Helping Hands* selects your project, pictures of you, your family, and your home may be taken and IVHFH will share your story with media outlets or on our website. Are you willing to have your pictures and story shared with media outlets? (Please circle one.) Yes / No

Where did you learn about the Helping Hands program? (Please circle any that apply.)

TV Radio Newspaper Flyer Internet Friend/Neighbor Community Organization

Section 4: Applicant's Agreement

I certify that the information on this application is accurate and that I own the property at the address given on this application. I have no present intention to move or offer my home for sale for at least three years.

I confirm that any physically able person residing in my home or visiting for the project day(s) will contribute to the project in some way, either by working alongside the *Helping Hands* volunteers or providing hospitality. I confirm that, except for the conditions listed above, my home is a safe place for volunteers.

To the extent permitted by law and without affecting the coverage proved by the required homeowners' insurance, I agree to sign the release and waiver of liability.

Applicant Signature

Date

For Office Use Only

Date Received:
City Citation:
Referred by:
Phone: