



**FIFTH WARD COMMUNITY  
REDEVELOPMENT CORPORATION**  
4300 Lyons Avenue, 77020  
P.O. Box 21502  
Houston, Texas 77226-1502  
Phone 713.674.0175 • Fax 713.674.0176



Please complete this form and return with attachments (*see list on next page*) to the FWCRC office by email at [fwdisasterassistance@gmail.com](mailto:fwdisasterassistance@gmail.com), fax at 713-674-0176, or in person during business hours (M-Th 91-5p, F 9a-3p) at 4300 Lyons Ave, Ste 300, Houston, TX, 77020.

<b>Name</b>		<b>Phone Number</b>	<b>Email Address</b>
<b>Male / Female</b>		<b>Date of Birth</b>	<b>Last 4 Digits of Social</b>
<b>ADDRESS OF AFFECTED RESIDENCE</b> ( <i>where you lived at the time of the storm</i> )			
<b>Apartment Complex</b> ( <i>if applicable</i> )			
<b>Street Address</b>	<b>City/ State</b>		<b>Zip Code</b>
<b>Resident Type:</b> <input type="checkbox"/> <b>Property Owner</b> ( <i>if heir, please use 'other'</i> ) <input type="checkbox"/> <b>Renter</b> <input type="checkbox"/> <b>Other:</b>		<b>Are you currently staying at this address? YES / NO</b>  <i>If 'No', please complete CURRENT ADDRESS section below</i>	
<b>CURRENT ADDRESS</b> ( <i>if different than affected residence</i> )			<input type="checkbox"/> Not applicable
<b>Apartment Complex/Hotel Name</b> ( <i>if applicable</i> )			
<b>Street Address</b>	<b>City/State</b>		<b>Zip Code</b>
<b>Resident Type:</b> <input type="checkbox"/> <b>Property Owner</b> <input type="checkbox"/> <b>Renter</b> <input type="checkbox"/> <b>Other:</b>		<b>Are you planning to return to the affected residence? YES / NO</b>	
<b>Are you the Head of Household: YES / NO</b>  <b>Total number of adults (over 18) in household:</b> _____ <b>Total number of children (under 18) in household:</b> _____  <b>Preferred Household Language:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:  <b>Do any of the following apply to you or a household member?</b> <input type="checkbox"/> Elderly (65 years or older) <input type="checkbox"/> Disabled <input type="checkbox"/> Veteran <input type="checkbox"/> None		<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Separated <input type="checkbox"/> N/A	<b>Race:</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-race <input type="checkbox"/> N/A
<b>What is your estimated annual household income?</b>		<b>How did you hear about us?</b>	

**IMPORTANT!**

**Please provide the following items:**

- Copy of ID's
- Income verification documents: Pay stubs, award letters, profit & loss statements, tax returns, etc.
- All FEMA/Insurance decision letters showing what you were approved or denied for
- Proof of any FEMA/Insurance funds already spent, can be receipts, bank statements, etc.
- CAN and Habitat Authorization forms
- Additional information may be requested depending on the nature of your request

In the case that my needs can't be met by the Habitat and FWCRC partnership, I authorize my application for assistance to be shared with a partner disaster recovery agency. ☐ Accept ☐ Decline

Signature:

Date:

Please return to the FWCRC office by email at [fwdisasterassistance@gmail.com](mailto:fwdisasterassistance@gmail.com), fax at 713-674-0176, or in person during business hours (M-Th 9a-5p, F 9a-3p) at 4300 Lyons Ave, Ste. 300, Houston, TX, 77020.

**Next we would like to ask you a short series of questions to help the counselor identify services or resources that may be available to you.**

1. Was your home damaged by Hurricane Harvey? *YES / NO*

If YES, please describe the extent of the damage in detail:

2. Is your home:

☐ Livable ☐ Repairable ☐ Neither

3. Do you have any of the following (*please select all that apply*):

- ☐ Rental / Homeowner's insurance
- ☐ Flood Insurance
- ☐ Auto Insurance.
- ☐ None

4. Have you filed a disaster related claim with any of the following (*please select all that apply*):

- ☐ Rental / Homeowner's insurance
- ☐ Flood Insurance
- ☐ Auto Insurance
- ☐ FEMA (If applicable, please provide your FEMA Number: \_\_\_\_\_)
- ☐ D-SNAP
- ☐ Baker Ripley
- ☐ Red Cross
- ☐ Other (please describe):
- ☐ None

5. What is the status of any of the following disaster related claims:

Type of Claim:

Status: \_\_\_\_\_

6. Are you currently earning income? *YES / NO*

If YES, did you lose wages due to the disaster? *YES / NO*

7. Please select the following types of assistance requested (*please select all that apply*):

**Please identify specific requests that can be documented with items such as bills, quotes for service, shopping list - things with specific pricing and location for purchase/payments. These types of tangible requests that can be documented are easier to get approved. For immediate or at large needs, like clothing or supplies in general, please contact 2-1-1.**

- ☐ Mucking - Cleaning out home / Tearing out sheetrock, etc.
- ☐ Home repairs or rebuilding options/financing
- ☐ Understanding insurance or filing an insurance claim
- ☐ Applying for federal assistance, such as FEMA
- ☐ Locating temporary or permanent housing
- ☐ Mortgage assistance (can't make mortgage payment)
- ☐ Legal services
- ☐ Paying bills
- ☐ Food, groceries, food pantry, and/or meals
- ☐ Clothing
- ☐ Furniture
- ☐ Household goods (such as small appliances) or cleaning supplies
- ☐ Medical services/supplies
- ☐ School supplies/uniforms
- ☐ Transportation
- ☐ Moving assistance (such as movers, uhaul, supplies)
- ☐ Other (please describe):

**IMPORTANT!**

Please submit your application to the FWCRC office by email at [fwdisasterassistance@gmail.com](mailto:fwdisasterassistance@gmail.com), fax at 713-674-0176, or in person during business hours (M-Th 9a-5p, F 9a-3p) at 4300 Lyons Ave, Ste. 300, Houston, TX, 77020.



## Consent to the Release of Confidential Information INSTRUCTIONS

Signing and returning this form authorizes Fifth Ward Community Redevelopment Corporation to share certain personal information collected about you or your family with other disaster relief and voluntary organizations participating in the Coordinated Assistance Network. Fifth Ward Community Redevelopment Corporation needs to share this information in order to coordinate disaster relief services and assistance, and to reduce the paperwork and applications necessary in available order for you or your family to receive disaster relief assistance and services from multiple relief organizations. All disaster relief organizations participating in community disaster relief are committed to respecting your privacy and using the information solely for the purpose of coordinating and providing disaster relief assistance.

With the exception of certain limited circumstances, it is the policy of Fifth Ward Community Redevelopment Corporation, not to release information about individual or family disaster relief assistance, or other personal information obtained through the provision of disaster relief services, without the written consent of the individual or family. Therefore, we need your written consent to share this information to and assist you or your family with obtaining the disaster relief services in the most expeditious and least cumbersome manner.

### CONSENT AND RELEASE

I, (client name) \_\_\_\_\_, hereby authorize the Fifth Ward Community Redevelopment Corporation to share any of my information in its possession, including, such as but not limited to my name, address, other personal information and the type of assistance I am receiving as a result of the following disaster Hurricane Harvey – Houston, TX with other disaster relief and voluntary organizations participating in community disaster relief in order to coordinate available disaster relief services and assistance.

I understand that I may revoke this consent at any time by contacting Fifth Ward Community Redevelopment Corporation except when action has already been taken to obtain and/or release such information to organizations participating in community disaster relief.

My signature on this release indicates that I have read the above, or had it read to me, and that I understand the terms and conditions. I have also had the opportunity to ask any questions. I am also signing this release on behalf of my children that are under the age of eighteen (18).

\_\_\_\_\_  
Signature Head of Household

\_\_\_\_\_  
Identification

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Spouse

\_\_\_\_\_  
Identification

\_\_\_\_\_  
Date

Fifth Ward CRC  
Agency Name

\_\_\_\_\_  
Agency ID



FIFTH WARD COMMUNITY  
REDEVELOPMENT CORPORATION  
4300 Lyons Avenue, 77020  
P.O. Box 21502  
Houston, Texas 77226-1502  
Phone 713.674.0175 • Fax 713.674.0176

## RELEASE OF LIABILITY

1. I, \_\_\_\_\_ [Name of Participant] ("Participant") effective \_\_\_\_\_ (date), do hereby enter into this Release of Liability with Fifth Ward Community Redevelopment Corporation (the "Nonprofit") related to home repair services to be provided to Participant (the "Services").
2. In consideration of the Services, which are to be provided free of charge, the Participant does hereby agree that Participant and his/her tenants, invitees, guests, assignees, heirs, guardians, and legal representatives will not make a claim against or sue the Nonprofit, the Hurricane Harvey Relief Fund, the Greater Houston Community Foundation, the Hurricane Harvey Relief Fund Advisory Committee, the Hurricane Harvey Relief Fund Grants Committee and their respective officers, directors, employees, agents and representatives (collectively the "Released Parties") for injury to property or person arising from the Services. **THE RELEASED PARTIES SHALL NOT BE LIABLE TO THE PARTICIPANT OR TO HIS/HER TENANTS INVITEES, GUESTS ASSIGNEES, HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES AND ARE HEREBY RELEASED BY THE PARTICIPANT FROM ANY AND ALL LIABILITY, FOR ANY INJURY TO PERSON OR DAMAGE TO PROPERTY (INCLUDING, WITHOUT LIMITATION, SICKNESS, DEATH, DISEASE, ACCIDENT) ARISING OUT OF OR RELATED TO THE SERVICES EVEN IF CAUSED BY THE SOLE OR CONTRIBUTING NEGLIGENCE OF ONE OR MORE OF THE RELEASED PARTIES, BUT NOT IF DUE TO GROSS NEGLIGENCE OR WILLFUL MISCONDUCT OF THE RELEASED PARTIES. THE PARTICIPANT AGREES TO INDEMNIFY DEFEND AND HOLD HARMLESS THE RELEASED PARTIES FROM AND AGAINST ANY LOSS, EXPENSE AND/OR CLAIMS ARISING OUT OF ANY SUCH DAMAGE OR INJURY.**
3. The Participant expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Texas and that this Release shall be governed by and interpreted in accordance with the laws of the State of Texas. The Participant expressly agrees that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.
4. **I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.**

\_\_\_\_\_

Date

\_\_\_\_\_

Participant Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date

\_\_\_\_\_

Participant Signature

\_\_\_\_\_

Printed Name



**FIFTH WARD COMMUNITY  
REDEVELOPMENT CORPORATION**  
4300 Lyons Avenue, 77020  
P.O. Box 21502  
Houston, Texas 77226-1502  
Phone 713.674.0175 • Fax 713.674.0176

## **MOLD INSPECTION WORK AUTHORIZATION HOME REPAIR**

Date Issued:

**Contractor:**

Contractor's Name: **Fifth Ward Community Redevelopment Corporation**

Contractor's Representative:

Street Address: **4300 Lyons Avenue, Suite 300** City: **Houston, Texas** Zip: **77020**

Work Phone Number: **713.671.9993**

**Property to be repaired (the "Property"):**

Owner(s) Names:

Street Address:

City:

Zip:

Cell Phone Number:

**Inspection & the Work:** Greater Houston Community Foundation, with the permission of Owner(s), authorizes Fifth Ward Community Redevelopment (FWCRC) to inspect/make repairs on the Property for the following problem/defect in need of repair:

---

Contractor, in his professional opinion, believes that the following materials are required to repair/correct the problem:

**MOLD INSPECTION:** FWCRC will have a licensed professional mold assessment inspector inspect the property thoroughly for evidence of mold and provide a mold certification certificate, or a plan of mold remediation to ensure the home is in a safe condition to re-build, and/or continue re-building.

---

**Waivers & Releases:** Contractor hereby waives any and all claims, damages, action against Owner(s) and Greater Houston Community Foundation relating to and arising out of the Work, the Property, and this Contract and releases Owner(s) and Greater Houston Community Foundation, from all claims, damages, damages, actions, except as to payment for Work accepted by Greater Houston Community Foundation.

**Owner hereby waives any and all claims, damages, and action against Greater Houston Community Foundation relating to and arising out of the Work, the Property, and this Contract and hereby releases Greater Houston Community Foundation from all claims, damages, damages, actions.**

**ACCEPTED & AGREED TO BY OWNER(S):**

BY: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(SIGNATURE) (DATE)

\_\_\_\_\_  
(PRINTED NAME)

**ACCEPTED & AGREED TO BY FIFTH WARD COMMUNITY REDEVELOPMENT:**

BY: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(SIGNATURE) (DATE)

\_\_\_\_\_  
(PRINTED NAME)



## Agreement Regarding Repair of Residential Property

This Agreement to work on your property located at \_\_\_\_\_, Houston, Texas (the "Agreement") executed by the undersigned (the "Owner") on the date below for Houston Habitat for Humanity, Inc. (HHFH).

The owner desires to allow workers and contractors to enter his/her property for property to be repaired/stabilized for health and safety reasons. Repairs are being provided without charge to the homeowner. **HHFH DOES NOT PLACE WORK REPAIR LIENS ON OWNER PROPERTIES.**

The owner hereby freely, voluntarily, and without duress executes this Agreement under the following terms:

**Release and Waiver:** Owner does hereby release and forever discharge and hold harmless HHFH, its staff and volunteers from any and all liability, claims, demands of whatever kind of nature, arising from activities. Owner understands that this Release discharges HHFH from any liability or claim that the Owner may have against HHFH with respect to any bodily injury, personal injury, illness, death, or property damage that may result from donated labor and materials, whether caused by the negligence of HHFH, its staff or its volunteers. Owner also understands that HHFH does not provide warranty on the work activities performed.

**Owner understands that work performed is for health and safety repairs only. Owner also understands that any work of a professional nature, i.e. plumbing, roofing, foundation, or other work requiring professional licenses, fees, or oversight by a governing body, will be performed and may be warranted by an outside contractor, not HHFH, that works directly with owner on his/her property. Work to repair an existing system (i.e. foundation, roof, plumbing, etc.) is performed to stabilize and preserve a property for the health and safety of the owner's continuing use. Work is not performed to remodel, beautify, or redecorate a property.**

**Photographic Release:** Owner does hereby grant and convey unto HHFH the right to use all photographic images and video or audio recordings made by HHFH during the work activities with HHFH or its designee, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. Owner understands that HHFH may use these images or recordings for a variety of purposes, including but not limited to, media releases, promotional materials and online platforms such as websites, blogs and social networking sites.

**Note:** The agreement signed below by the homeowner(s) gives Houston Habitat permission to perform home repairs at their homes during the 2018 performance period should Houston Habitat receive a grant for that purpose. Should Houston Habitat not receive an award for home repair, or should funds become depleted, this agreement is null and void and no repairs will be performed on the property.

Agree: Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Agree: Owner: \_\_\_\_\_

Date: \_\_\_\_\_



## MOLD INSPECTION WORK AUTHORIZATION HOME REPAIR

Date Issued:

**Contractor:**

Contractor's Name: **Houston Habitat for Humanity**

Contractor's Representative: John Zaborowski

Street Address: **3750 North McCarty Drive** City: **Houston, Texas** Zip: **77029**

Work Phone Number: **713.671.9993**

**Property to be repaired (the "Property"):**

Owner(s) Names:

Street Address: City: Zip:

Cell Phone Number:

**Inspection & the Work:** Greater Houston Community Foundation, with the permission of Owner(s), authorizes Houston Habitat for Humanity to inspect/make repairs on the Property for the following problem/defect in need of repair:

Contractor, in his professional opinion, believes that the following materials are required to repair/correct the problem:

**MOLD INSPECTION:** Habitat will have a licensed professional mold assessment inspector inspect the property thoroughly for evidence of mold and provide a mold certification certificate, or a plan of mold remediation to ensure the home is in a safe condition to re-build, and/or continue re-building.

**Waivers & Releases:** Contractor hereby waives any and all claims, damages, action against Owner(s) and Greater Houston Community Foundation relating to and arising out of the Work, the Property, and this Contract and releases Owner(s) and Greater Houston Community Foundation, from all claims, damages, damages, actions, except as to payment for Work accepted by Greater Houston Community Foundation.

**Owner hereby waives any and all claims, damages, and action against Greater Houston Community Foundation relating to and arising out of the Work, the Property, and this Contract and hereby releases Greater Houston Community Foundation from all claims, damages, damages, actions.**

**ACCEPTED & AGREED TO BY OWNER(S):**

BY: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(SIGNATURE) (DATE)

\_\_\_\_\_  
(PRINTED NAME)

**ACCEPTED & AGREED TO BY HOUSTON HABITAT FOR HUMANITY:**

BY: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(SIGNATURE) (DATE)

\_\_\_\_\_  
(PRINTED NAME)