



## Catalyst Partnerships Recipient Application

### Welcome!

Dear Applicant:

Catalyst Partnerships provides construction repairs, remodeling, and other services to homeowners who are elderly, disabled, and/or low-income. We also do projects for other like-minded non-profit organizations. Our mission is to bring together useful resources and caring volunteers to meet the needs of under-resourced people in our community. Work is performed by skilled and unskilled volunteers, and overseen by licensed contractors. Funds and materials are provided through donations from generous individuals, businesses, and organizations in the community. Recipients are not required to pay for help, but are encouraged to contribute whatever labor and/or funds they are able to.

Please mail your application to: Catalyst Partnerships NW, P.O. Box 1922, Beaverton OR 97075.

After we receive your completed application, we will contact you by phone within 1 week of receipt. Small projects may be approved & scheduled immediately, while larger projects will take longer and require you to submit additional documentation (such as pay stub, social security benefits, housing assistance, proof of ownership, documentation of assets, previous year taxes, etc.). Please call with any questions (971) 245-6555.

*Please note that Catalyst does not provide services for rental properties.* Check the appropriate boxes below to indicate that you are the owner, and up to date on your mortgage payments.

I own the home for which I am requesting work.  Yes  No

I am up to date on my mortgage payments.  Yes  No

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Are you Advocating for Someone Else?  Yes  No, please skip to **Personal Information**.

If yes, please select the type of advocate you are, and fill in the appropriate information below.

- I am a private individual advocating for this applicant.
- I represent a non-profit organization advocating for this applicant.
- I represent a governmental agency advocating for this applicant.

Your Name: \_\_\_\_\_ Your Phone Number: \_\_\_\_\_

Your Relationship to client (if individual): \_\_\_\_\_

Name of Organization/Agency (if applicable): \_\_\_\_\_

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### **Personal Information**

First Name: \_\_\_\_\_ Middle Name/Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Preferred Name (if different from above): \_\_\_\_\_

Date of Birth (mo / dd / yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Marital Status:  Single  Married  Widowed

If Married, Spouse's Name: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ email: \_\_\_\_\_

If you have others residing in your home, please list them below:

Name #1: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name #2: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name #3: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

(If there are more than three people, please attach a separate sheet with their information)

Are you currently in, or a veteran of, the U.S. Military?  Yes  No

What language do you speak?  I speak English

I only speak another language Please enter language here: \_\_\_\_\_

Please tell us how you heard about Catalyst: \_\_\_\_\_

\_\_\_\_\_

**Financial Information**

What is your monthly mortgage payment (in dollars)? \$ \_\_\_\_\_

What is your approximate total annual household income (in dollars)? \$ \_\_\_\_\_

(Please include all sources from all residents):

Please list any other financial assets with current values (e.g. savings, retirements, physical assets...):

Asset #1: \_\_\_\_\_ Value (in dollars): \_\_\_\_\_

Asset #2: \_\_\_\_\_ Value (in dollars): \_\_\_\_\_

Asset #3: \_\_\_\_\_ Value (in dollars): \_\_\_\_\_

Are you able to contribute financially to implement the project you are requesting?  Yes  No

If yes, dollar amount you will contribute: \$ \_\_\_\_\_

Do you have adult children and/or other relatives who may be able to help financially?

Yes  No

If yes, please describe what financial help they might provide: \_\_\_\_\_

Have you already requested help from other Non-Profits, your City, your County, or other Organization?

Yes  No

If yes, please name the organization and describe what you have requested and or received: \_\_\_\_\_

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**Property Information**

Type of Property

Single Family Home  Mobile Home  Manufactured Home  Other: \_\_\_\_\_

How many years have you owned the home/property? : \_\_\_\_\_

In what year was this property built? : \_\_\_\_\_

What type of repairs would you like to request? Please include as much information as you can:

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(If you need more space, please attach a separate sheet)

Are you able to provide any help (labor/materials) for these repairs?  Yes  No

If yes, please share what help or materials you can personally provide: \_\_\_\_\_

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Do you have friends or family who may be able to help Catalyst perform the work of this project?

Yes  No

If yes, please share what help or materials people you know might be able to provide:

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Many of our volunteers come from faith-based organizations. Are you connected with a faith-based community (e.g. church) who may have volunteers willing to help?

Yes  No If yes, please name the organization: \_\_\_\_\_

What else would you like us to know? Feel free to share your story (attach separate sheet if needed):

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## **Approval Process**

As stated above, after we receive your completed application, we will contact you by phone within 1 week of receipt. Small projects may be approved & scheduled immediately, while larger projects will take longer and require you to submit additional documentation (such as pay stub, social security benefits, housing assistance, proof of ownership, documentation of assets, previous year taxes, etc.).

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### **Please read and sign below:**

**NATURE OF NON-PROFIT CATALYST PARTNERSHIPS ACTIVITY:** I understand and acknowledge that my involvement in this endeavor with Catalyst Partnerships, its agents and contractors, and any partnering organizations, hereafter referred to as 'Catalyst,' is voluntary. I understand and acknowledge my willingness to allow my property to be associated with this Catalyst activity in the manner described in this Recipient Application, I also voluntarily submit myself to the supervision of Catalyst staff, officers, agents, employees, volunteers, etc., for all activities which are part of this project. I understand that the services being provided to me may be through volunteers who freely donate their time without any compensation to themselves, and that the overall quality of service and/or craftsmanship I receive may not reflect professional standards. I also give Catalyst the irrevocable right and unrestricted permission to use and/or publish photos and/or video images of/including me, for purposes of art, display, advertising, editorial use, or any other lawful purpose, and waive any right I may have to inspect and approve the finished product of any piece that may use such.

**RELEASE OF LIABILITY:** I understand and acknowledge that this Activity and any related activities, by their very nature, pose the potential risk of damage to my property. I also realize that Catalyst and its personnel, agents, or volunteers, or any other person or entity associated with this Activity, may not be professionally trained for this Activity, and are not legally or financially responsible or liable for any claim arising from any damage done to my property during this Activity.

I understand that Catalyst carries liability insurance for its service activities. In the event of liability claim, I hereby voluntarily agree, on behalf of myself and my heirs, executors, administrators and assigns, that I will not seek remuneration beyond that which is necessary and reasonable for any damage and/or loss which is incident to/associated with preparing for/while participating in any activity in any way connected with said Activity. In the same manner, I also voluntarily exempt and relieve Catalyst officers, agents, servants, employees, volunteers, or any other person or entity associated with this Activity, from any liability or responsibility, whether same shall arise by the negligence of any of said persons, or otherwise.

**MEDICAL TREATMENT AUTHORIZATION:** In the event of accident or illness to me/my child, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. Further, I agree that Catalyst and its personnel, agents, or volunteers, or any other person or entity associated with these Activities, are not personally responsible or liable for any claim arising from any consent given in good faith in connection with diagnosis or advised treatment.

I/my child understand(s) that Catalyst DOES NOT CARRY HAZARD INSURANCE TO COVER ME/MY CHILD for any accidents/injuries to me/ my child. I understand that, in the event that I/my child am/is injured in any way, any personal medical and hospitalization insurance available to me/my family will provide sole coverage. I/my child voluntarily elect(s) to participate in this Catalyst Activity. I agree to assume any and all liability and responsibility for any and all potential risks which may be associated with participation in such Activities or any activities incidental thereto.

**NO PLANS TO SELL:** I also certify that I do not intend to sell my property or convert it to income property within the next 24 months following the date herein; and in the case of sale or conversion, if I receive additional profit because of the work performed under this agreement, I agree to return funds to Catalyst equaling an appropriately prorated value of said improvements. I acknowledge that, if either case should arise within the next 24 months, and I am unwilling to return said funds, Catalyst Partnerships reserves the right to place a lien on my property in order to recuperate said funds.

**CERTIFICATION:** By submitting this form, I certify that all information provided in this application is true and complete. I give Catalyst the right to verify and request additional information when necessary. I also give Catalyst permission to check personal & criminal background, using the information I've provided in this application. I understand that the background check process, or any false or misleading information I have given, may disqualify me from involvement. I understand that information will be held confidential.

## **Signature**

I have read and agree to the above terms and conditions:  Yes

Please sign your full name:

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