



**COMMUNITY POWERED REVITALIZATION PROGRAM  
APPLICATION PACKET**



**PLEASE MAIL OR DELIVER THE COMPLETED PACKET IN ITS ENTIRETY TO:**

City of Cleburne  
c/o CPR - Committee  
10 N. Robinson St. P.O. Box 677, Cleburne, TX 76033  
[CPR@cleburne.net](mailto:CPR@cleburne.net) 817-645-0900

## **WHAT IS THE COMMUNITY POWERED REVITALIZATION PROGRAM?**

The Community Powered Revitalization (CPR) Program was created to help pair volunteers with homeowners from the City of Cleburne who are unable to complete necessary repairs to their homes because of difficulties or circumstances beyond their control. Repairs are generally exterior – replacing rotted wood, painting, fencing, yard clean-up, etc.

## **AM I ELIGIBLE FOR THE CPR PROGRAM?**

The CPR program is designed to provide help to those homeowners who are in the greatest need of assistance and are unable to perform the necessary work themselves. A homeowner must meet one or more of the following criteria to be considered eligible for assistance through the CPR program; handicapped, disabled, 62 or older, veteran or a spouse of a veteran, or a single head of household (single parent) with children under 18 years old living at home. Additionally, this program is limited to those homeowners who meet certain income restrictions and have lived at their current residence for a minimum of 2 years. To determine if you are eligible for this program, please fill out the attached application and a member of the CPR Committee will contact you to discuss your situation.

## **HOW LONG DOES IT TAKE FOR MY HOME TO BE REPAIRED?**

Once it is determined that a homeowner is eligible for the CPR program, their address will be added to a list of homes currently needing assistance. This list is shared with volunteer organizations who have partnered with the City of Cleburne to assist with the CPR Program. Volunteers include churches, businesses, civic organizations and individuals who have a desire to help. These are the organizations that will ultimately select your specific home and complete the necessary repairs. Since this is a volunteer based program, we cannot guarantee a time frame of when or if your home will be chosen from this list. It is also a possibility that only a portion of the items you requested will be completed due to the limitations of the volunteer organizations.

## **HOW DO I APPLY TO THE CPR PROGRAM?**

To apply for assistance through the CPR Program, please complete this entire application and return it to:

City of Cleburne  
c/o CPR - Committee  
10 N. Robinson St. P.O. Box 677, Cleburne, TX 76033  
CPR@cleburne.net 817-645-0900

# COMMUNITY POWERED REVITALIZATION APPLICATION FORM

**APPLICANT MUST BE THE LEGAL OWNER OF THE PROPERTY  
AND RESIDE AT THE ADDRESS INDICATED ON THIS FORM**



## APPLICANT CONTACT INFORMATION:

**Date of application** \_\_\_\_\_

Name of owner: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Alt. phone: \_\_\_\_\_

Best time to call? \_\_\_\_\_ Best time to come by? \_\_\_\_\_

How long have you lived at this residence? Years \_\_\_\_\_ Months \_\_\_\_\_

Are you behind on your mortgage?  Yes  No

If you answered yes, how many months behind are you? \_\_\_\_\_

Is your home:  Electric only  Gas and electric

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

## You must meet one of the following criteria to receive assistance:

(Check all of the following that apply)

- Handicapped  Veteran/spouse of a veteran (honorably discharged with form DD214)
- Disabled  Single head of household (single parent) with a dependent child living at home
- 62 years of age or older

How many people currently live in your home? \_\_\_\_\_

Please provide their ages and relationship to you.

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have working smoke detectors in your home? Yes No

If no, would you like the Fire Department to install them free of charge? Yes No

Have you been served by 6 Stones in the past? Yes No This is only for our records.

If yes, by which program?

- CPR (housing repairs)
- Operation Back 2 School (school supplies)
- Night of Hope (Christmas)
- New Hope Center (food and clothing)
- Community Ministries (block party or home visit)

Total Number of Occupants Living in the Home \_\_\_\_\_

Total Household Income \_\_\_\_\_

*\*Total household income includes the total of all income from all persons living at the property including wages, retirement, child support, alimony, etc.*

Do you have documentation to support your answers? Yes No

Are you financially able to pay for house repairs? Yes No

Do you own any other properties? Yes No

Are you willing to provide copies of this documentation for verification? Yes No

Are you going to sell this property within the next 2 years? Yes No

**In order to expedite the process, please submit the following financial documents along with this application:**

- Copy of most recent Federal Income Tax Return (if available)**
- Copy of Bank Statements (minimum of 3 months)**
- Proof of Income (minimum of 3 months)**

**Please note:** Only one person in the city views your financial information to see if you qualify. No one else views or has access to this information. The information is destroyed after review.

**OFFICE USE ONLY**

- PROPERTY TAX VERIFICATION : \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_
- OWNERSHIP VERIFICATION : \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_
- OUTSTANDING LIENS : \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_
- CODE/PUBLIC SAFETY : \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

**NARRATIVE SECTION**

Please use the space below to describe what repairs you feel are necessary at your home. You may attach additional sheets of paper if needed. If you qualify, 6 Stones will decide which items we can help with.

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Please use this section to explain your current situation to the CPR Committee. For example: What circumstances led you to need assistance with home repairs? Why should your home be considered for this program instead of another one in your neighborhood? You may attach additional sheets of paper if needed. Once you are finished please sign and date the bottom of the form.

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By signing this form I understand that submission of this application does not guarantee that I will qualify for or receive assistance from the Community Powered Revitalization Program or any of its' affiliated volunteer organizations. I further understand that more documentation may be required to verify portions of this application.

**Signature:** \_\_\_\_\_

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

# COMMUNITY POWERED REVITALIZATION PROGRAM

## HOMEOWNER WAIVER OF LIABILITY AND DISCLAIMER

(READ CAREFULLY BEFORE SIGNING)

I, \_\_\_\_\_, hereby acknowledge that I am the legal owner of the property located at \_\_\_\_\_ ("Property") and that I have voluntarily agreed to participate in the Community Powered Revitalization Program ("Program") for certain construction and/or repairs (collectively the "Work") to the residence located on the Property. I further acknowledge that the Work will be performed at no charge to me by volunteers who will not be compensated for their labor.

I am at least eighteen (18) years of age and legally competent to sign this Waiver of Liability and Disclaimer ("Waiver"). I understand that the Program, and Work associated with the Program, involves certain risks that are inherent in such activities, specifically including, but not limited to, property loss/damage, personal injury that may require certain first aid and/or medical treatment, and risks that I may not be able to foresee or anticipate.

In consideration of my participation in the Program, I hereby acknowledge that I assume and accept all risks in connection with the Program, and Work associated with the Program, for any harm, injury, or damage that may befall me or my Property as a result of the Program, Work associated with the Program, and/or my participation in the Program, including activities preliminary and subsequent to the Work and the Program, whether foreseen or unforeseen.

I understand and agree and hereby acknowledge that I will not attempt to hold the Program or any of the Released Persons (as defined below) liable in any way for any occurrences arising out of the Program, Work associated with the Program, and/or my participation in the Program that may result in injury, death, or other damages to me or my Property.

I DO HEREBY EXEMPT AND RELEASE THE CITY OF EULESS, THE CITY OF HURST, THE CITY OF BEDFORD, THE CITY OF WATAUGA, THE CITY OF CLEBURNE, THE CITY OF RICHLAND HILLS, THE CITY OF HALTOM CITY, 6 STONES MISSION NETWORK, THE COMMUNITY POWERED REVITALIZATION PROGRAM, ITS STAFF MEMBERS, EMPLOYEES, VOLUNTEERS, CONTRACTORS, AFFILIATES, AGENTS, AND ATTORNEYS (COLLECTIVELY, THE "RELEASED PERSONS") FROM ANY AND ALL LIABILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY THE ACTS OR OMISSIONS OF ANY ONE OR MORE OF THE RELEASED PERSONS ARISING OUT OF THE PROGRAM, WORK ASSOCIATED WITH THE PROGRAM, OR MY PARTICIPATION IN THE PROGRAM, SPECIFICALLY INCLUDING, BUT NOT LIMITED TO, ANY SUCH LIABILITY ARISING OUT OF A CONSTRUCTION DEFECT, WHETHER LATENT OR NOT LATENT, CAUSED BY THE NEGLIGENCE, GROSS NEGLIGENCE AND/OR WILLFUL OR INTENTIONAL MISCONDUCT OF ANY ONE OR MORE OF THE RELEASED PERSONS, OR THE BREACH OF ANY WARRANTIES, WHETHER EXPRESS OR IMPLIED, ARISING OUT OF COMMON LAW, CONTRACT, OR STATUTE, SPECIFICALLY INCLUDING, BUT NOT LIMITED TO THE WARRANTIES OF MERCHANTABILITY, FITNESS, REPAIR, HABITABILITY, SUITABILITY, CONSTRUCTION, AND SERVICES PERFORMED IN A GOOD AND WORKMANLIKE MANNER.

I FURTHER HEREBY ACKNOWLEDGE AND AGREE TO DEFEND, INDEMNIFY, SAVE, HOLD HARMLESS, AND COVENANT NOT TO SUE THE RELEASED PERSONS FOR ANY AND ALL CLAIMS, DEMANDS, DAMAGES, CAUSES OF ACTION AND SUITS IN EQUITY, WHETHER ARISING OUT OF COMMON LAW, EQUITY, ARBITRATION OR STATUTE, NOW OR HEREAFTER ARISING, KNOWN OR UNKNOWN, ASSERTED BY ME AND/OR MY ESTATE, HEIRS, EXECUTORS, ADMINISTRATORS, OR ASSIGNS) ARISING OUT OF THE PROGRAM, ASSOCIATED WITH THE PROGRAM, OR MY PARTICIPATION IN THE PROGRAM, WHETHER SUCH CLAIMS, DEMANDS, DAMAGES, CAUSES OF ACTION AND SUITS ARISE OUT OF A CONSTRUCTION DEFECT, WHETHER LATENT OR NOT LATENT, THE NEGLIGENCE, GROSS NEGLIGENCE AND/OR WILLFUL OR INTENTIONAL MISCONDUCT OF ANY ONE OR MORE OF THE RELEASED PERSONS; OR THE BREACH OF ANY WARRANTIES, WHETHER EXPRESS OR IMPLIED, ARISING OUT OF COMMON LAW, CONTRACT, OR STATUTE, SPECIFICALLY INCLUDING, BUT NOT LIMITED TO THE WARRANTIES OF MERCHANTABILITY, FITNESS, REPAIR, HABITABILITY, SUITABILITY, CONSTRUCTION, AND SERVICES PERFORMED IN A GOOD AND WORKMANLIKE MANNER.

I also hereby grant and convey unto the Community Powered Revitalization Program all right, title, and interest in any and all photographic images and video or audio recordings made during the Program and/or Work associated with the Program, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

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

I hereby acknowledge and expressly agree that all indemnities, releases and waivers contained in this Waiver are intended to be as broad and inclusive as permitted by the laws of the State of Texas and that, if any portion of the agreements in this Waiver are held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

This Waiver contains the entire agreement between me and the Community Powered Revitalization Program regarding the Program, Work associated with the Program, and my participation in the Program. I understand the terms herein are contractual and not merely recitals, and that I have signed this document of my own free will.

**I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS WAIVER BY READING IT BEFORE I SIGNED IT.**

SIGNED this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_