



## **THE MENDED NETWORK**

### **MENDED REVITALIZATION PROGRAM**

#### **APPLICATION PACKET**

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

**The Mended Network  
3320 FM 731  
Burleson, TX 76028  
Phone: 817-986-1458**

#### **WHAT IS THE MENDED NETWORK PROGRAM?**

Also known as, Mended Revitalization Program (MRP) aligns with the cause supporting Family Restoration. The mission to restore families to a healthier home environment mobilizes communities across committed cities working to empower all of their residents starting with homeowners, business owners and their employees and other institutions and civic agencies. A family asking for assistance 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. and on a case by case a determination is made to formulate an interior assessment for added consideration.

## **AM I ELIGIBLE FOR THE MENDED REVITALIZATION PROGRAM?**

The MRP is designed to provide assistance to homeowners who are unable to perform the much needed work themselves. A homeowner must meet one or more of the following criteria to be considered eligible for assistance through the MRP: Disabled, age of 62 years or older, a 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 who 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 Mended Network staff 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 MRP, their address will be added to a list of homes currently needing assistance. This list will receive thoughtful consideration while The Mended Network builds some dialogue with partnering organizations, corporate sponsors and individual donors who share in the mission of restoring families. The dialogue builds the strength for an appropriate response from churches, businesses, civic organizations and individuals who have a desire to help. These are wonderful organizations that will ultimately get to know your unique situation and the home where you live to 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 availability of resources at the time. Your cooperation is greatly appreciated and you can participate hands on with repairs or contribute by other means to complete the scope of work.

## **HOW DO I APPLY TO THE MENDED REVITALIZATION PROGRAM?**

To apply for assistance through The Mended Network, please complete this entire application and return it to:

THE MENDED NETWORK

Mended Revitalization Program

**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? In 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 Mended Network? \_\_\_\_\_

**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 one or more dependent children 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.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Have you requested assistance from other non-profits or programs in the past for the same purpose?

Yes  No This will allow for coordination of resources if applicable and increase the possibility for a collaborative response.

If yes, please share the name of the resource or web address? Types of interventions: Utility Assistance, School Supplies, Food, Clothing, Mortgage Relief and/ or mental health awareness.

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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 verifying your answers?  Yes  No

If yes, are you willing to present verifying documents to the program staff?  Yes  No

***\*Documents for verification may include the most recent Federal Income Tax Return filed.***

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

Do you own any other properties?  Yes  No

Do you plan to sell this property within the next 2 years?  Yes  No

**Disclosure: NO representative of the Mended Revitalization Program should keep in their possession a copy of any of your personal social security information or any bank account information, especially no one should ever ask you for login usernames or passwords to your accounts. NO copies are to be made when conducting a visual verification of documents.**

***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, The Mended Network (Mended) will decide which items we can help with.

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Please use this section to explain your current situation to the Mended Revitalization Program review team. 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 Mended Revitalization Program or any of its affiliated organizations or partners in The Mended Network. I further understand that more documentation may be required to verify portions of this application.

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

**THE MENDED NETWORK - REVITALIZATION PROGRAM**

**HOMEOWNER WAIVER OF LIABILITY AND RELEASE**

**(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 Mended Network (Mended) Revitalization 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 Release ("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 WAIVE ALL CLAIMS AND RELEASE THE MENDED NETWORK, THE MENDED REVITALIZATION PROGRAM, ITS STAFF MEMBERS, EMPLOYEES, VOLUNTEERS, CONTRACTORS, AFFILIATES, AGENTS, PARTNERING ENTITIES 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, WORK 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 "Mended" 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.

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 this Waiver is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

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

Signature: \_\_\_\_\_ Signed on \_\_\_\_\_ this the day of 2022.

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

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