

MAYOR C. RAY NAGIN
New Orleans Affordable Homeownership Corporation
HOME REMEDIATION PROGRAM
2006-2007

APPLICANT: _____
Last Name First Name MI

ADDRESS: _____
CITY/STATE: _____ ZIP CODE: _____

COUNCIL DISTRICT: _____

SOCIAL SECURITY NUMBER: _____

HOME PHONE NUMBER: _____ ALT #: _____

SPOUSE/CO-APPLICANT:

APPLICANT: _____
Last Name First Name MI

ADDRESS: _____
CITY/STATE: _____ ZIP CODE: _____

COUNCIL DISTRICT: _____

SOCIAL SECURITY NUMBER: _____

HOME PHONE NUMBER: _____ ALT #: _____

TOTAL NUMBER OF DEPENDANTS: _____

PERSONAL INFORMATION (FOR STATISTICAL PURPOSES ONLY)

<u>RACE</u>	<u>SEX</u>	<u>MARITAL STATUS</u>
BLACK _____	MALE _____	SINGLE
WHITE _____	FEMALE _____	MARRIED
INDIAN _____		WIDOWED
HISPANIC _____		DIVORCED
ASIAN _____		SEPARATED
OTHER _____		

PROPERTY INFORMATION:

ADDRESS

IP Z

EARS Y

NUMBER OF ROOMS: _____ NUMBER OF BEDROOMS:

1. Single _____ 2. Double _____ 3. _____
Triplex _____ 4. _____
Four-plex _____

WAS THE PROPERTY CONSTRUCTED BEFORE 1980? _____ YES _____ NO

INSURANCE COMPANY INFORMATION:

DO YOU HAVE FLOOD INSURANCE? _____ YES _____ NO

COMPANY: _____ COVERAGE AMOUNT: _____ EXP. DATE: _____

DO YOU HAVE HOMEOWNERS INSURANCE? _____ YES _____ NO

COMPANY: _____

TYPE: _____ COVERAGE AMOUNT: _____ EXP. DATE: _____

INSURANCE AFFIDAVIT _____ (CHECK IF THIS IS PROOF OF INSURANCE)

FINANCIAL INFORMATION

Fill in below (if an income determination is needed for program eligibility).

HOUSEHOLD INCOME

Household Member	Employer	Income Weekly Bi-weekly Monthly	AFDC	Child Support	Social Security	Other

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OFFICE USE ONLY

AVERAGE MONTHLY INCOME: \$

TOTAL ANNUAL HOUSEHOLD INCOME: \$

CIRCLE THE APPROPRIATE PERCENTAGE OF MEDIAN:

(Annual Household Income/Median Family Income, based on the number of people in the household.)

1. BELOW 31% 2. 31-50% 3. 51-60% 4. 61-80% 5. Above 80%

Make sure you are using the **current** Adjusted Family Income guidelines.

**HOLD HARMLESS AGREEMENT
MAYORS HOME REMEDIATION PROGRAM**

I, _____, the owner/occupant of the residence located at

_____ In the city of New Orleans, do hereby acknowledge that I am participating in the Mayors HOME REMEDIATION PROGRAM. Community Development Block Grant Funds are being provided to New Orleans Affordable Homeownership for the purpose of gutting and securing my property which was damaged by HURRICANE KATRINA. In accordance with my participation in the MAYORS HOME REMEDIATION PROGRAM, I understand and acknowledge:

1. THAT THE CITY OF NEW ORLEANS, REPRESENTED BY THE OFFICE OF PLANNING AND DEVELOPMENT IS NOT A PARTY TO ANY CONTRACT THAT I MAY ENTER INTO TO ACCOMPLISH THE REPAIRS TO MY RESIDENCE.
2. THAT THE ONLY CONNECTION WHICH THE CITY OF NEW ORLEANS, ITS AGENCIES OR EMPLOYEES HAVE WITH MY PARTICIPATION IN THE MAYORS HOME REMEDIATION PROGRAM IS TO PERFORM ADMINISTRATIVE FUNCTIONS TO INSURE THAT MY PARTICIPATION WITHIN THE PROGRAM GUIDELINES, AND THAT THE COMMUNITY DEVELOPMENT FUNDS PROVIDED TO PAY FOR THE GUTTING AND SECURING OF MY RESIDENCE ARE PROCESSED IN ACCORDANCE WITH THE PROGRAM GUIDELINES.
3. THAT THE CITY OF NEW ORLEANS, ITS AGENCIES OR EMPLOYEES ASSUME NO LIABILITY FOR ANY DAMAGES WHICH MIGHT OCCUR DURING THE COURSE OF THE REPAIRS TO MY RESIDENCE, THEREAFTER OR AS A RESULT OF MY PARTICIPATION IN THE MAYORS HOME REMEDIATION PROGRAM
4. THAT THE PURPOSE FOR OBTAINING PROPERTY INSURANCE, SUCH AS LIABILITY, FLOOD AND EXTENDED COVERAGE, IS TO PROTECT HOMEOWNERS FROM SUFFERING MONETARY LOSSES FROM DAMAGES WHICH CAN BE COVERED BY INSURANCE, AND IN THE ABSENCE OF ADEQUATE INSURANCE COVERAGE, I AM (WE ARE) SUBJECTING MYSELF (OURSELVES) TO THE POSSIBILITY OF MONETARY LOSS.
5. THAT NEITHER THE CITY OF NEW ORLEANS, ITS AGENCIES OR EMPLOYEES SHALL INCUR LIABILITY OR ASSUME RESPONSIBILITY FOR ANY ACTIONS OF THE CONTRACTOR PERFORMING THE GUTTING AND SECURING OF MY RESIDENCE.
6. THAT NEITHER THE CITY OF NEW ORLEANS, ITS AGENCIES OR EMPLOYEES SHALL INCUR LIABILITY OR ASSUME RESPONSIBILITY FOR ANY OTHER MATTER CONNECTED WITH MY PARTICIPATION IN THE MAYORS HOME REMEDIATION PROGRAM.

IN ORDER TO PROTECT THE CITY OF NEW ORLEANS, ITS AGENCIES AND EMPLOYEES, I HEREBY AGREE TO HOLD HARMLESS AND INDEMNIFY THE CITY OF NEW ORLEANS, ITS AGENCIES AND EMPLOYEES FROM ANY LIABILITY OR DAMAGE WHICH MAY RESULT FROM MY PARTICIPATION IN THE **MAYORS HOME REMEDIATION PROGRAM**.

DATED THIS _____ DAY OF _____, 20 _____.

THE MAYORS HOME REMEDIATION PROGRAM

I/WE the homeowner(s) of _____ have taken everything out of the home and off property (including yards/garages) that I/we wanted to salvage. It is understand when a home is gutted, it includes the removal of all furnishings, clothes, shoes, picture etc...and any other items that are still remaining in the home.

OWNER

DATE

OWNER

DATE

WITNESSED BY:

DATE

DATE