




---

400 North Mechanic Street, Cumberland, MD 21502 - 301.722.6958 - FAX 301.722.6966

---

Please find attached to this letter, an application for a NAILS Mission Project. This letter is your invitation to submit an application for a project in your home.

There are a few guidelines for NAILS projects that you should consider. We require that you have and provide a copy of your homeowner's insurance. Additionally, the home must be owner-occupied, meaning that you must own the home and live in it. Rental units do not qualify. Mobile homes do not qualify.

**Please be sure to review the bottom box on the last page of the application for required documents that must be submitted with your application. Failure to include all of these documents will result in your application being denied.**

Because of the funding sources that we receive for NAILS Missions Projects and because the projects are completed at no cost to you (if your project is selected) we follow the HUD Income Guidelines listed below. Full household income is calculated into these guidelines and homeowners must fall below these income brackets to qualify for NAILS. Please complete the application in its entirety to show full household income and provide the necessary documentation to demonstrate eligibility. HUD income guidelines are as follows:

Number of Residents	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person
Income Amount	\$42,500	\$48,550	\$54,600	\$60,650	\$65,550	\$70,400	\$75,250

Project preference is given to households within the corporate boundaries of the City of Cumberland, although Allegany County residents are still encouraged to apply. Preference is also given to first-time applicants, although previous recipients are still eligible.

Because the work of NAILS Missions is completed by volunteers, we are unable to fulfill requests for roof replacements/repairs, new windows, HVAC systems or extensive electrical or plumbing work. We encourage projects that assist individuals with disabilities or present health or safety concerns in your home. We also encourage painting projects and weatherization projects, as our volunteer base ranges from children age 14 up to master and experienced tradesmen.

If you have any questions while completing the application, please contact Ms. Monna Johnson at Cumberland Neighborhood Housing Services, at 301-722-6958.



A United Way Agency *Mission Project*

400 North Mechanic Street, Cumberland, MD 21502 - 301.722.6958 - FAX 301.722.6966

### Residential Application

Name of homeowner(s): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please describe the project request that you have for your home in **as much detail as possible**.  
*Your application may be denied for failure to provide full details of your requested project.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you own your home?       Yes       No

Do you have homeowner's insurance?       Yes       No

What insurance company insures your home? \_\_\_\_\_

Is anyone in the household disabled?       Yes       No

Do you have any unusual expenses?       Yes       No

If you have unusual expenses, please describe them. \_\_\_\_\_

\_\_\_\_\_

Do you pay a mortgage on your home?       Yes       No

*Application continues on the back →*

**Please list all individuals who are living in the household.**

<b>Name (first and last)</b>	<b>Gender</b>	<b>Age</b>	<b>Race/Ethnicity</b>	<b>Annual Income</b>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
<b>Total Annual Household Income</b>				<b>\$ _____</b>

- Is the head of the household a female?       Yes       No
- Is the head of the household a senior citizen?       Yes       No
- Is the head of the household disabled?       Yes       No
- Is the head of the household a veteran?       Yes       No

**I certify that this information is complete and accurate by signing below.**

**PLEASE READ AND SIGN THE FOLLOWING:** I verify that my statements are true and complete. I wish to have a representative of NAILS contact me and visit my home.

\_\_\_\_\_  
*Homeowner Signature*

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

\_\_\_\_\_  
*Homeowner Signature*

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

**Please return this form and the “Homeowner’s Release of Liability” form to the NAILS office at the address at the top of this form. You must include copies of the following items with your application to be considered. Failure to include any of these documents will result in denial of your application.**

- **Latest tax bill**
- **Proof of all income (work, child support, alimony, disability, social security, etc.)**
- **Latest tax return AND W-2**
- **Copy of homeowner’s insurance policy reflecting liability insurance**



400 North Mechanic Street, Cumberland, MD 21502 - 301.722.6958 - FAX 301.722.6966

Homeowner's Release of Liability

Name (printed): \_\_\_\_\_ Phone: \_\_\_\_\_

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

The undersigned is/are the owner(s) of the property described above. I hereby give my permission to NAILS and its volunteer workers and to the contractors selected by NAILS to work on my property for the purposes of performing the work project.

I understand that NAILS is a volunteer, not-for-profit organization, and that much, or all, of the work to be performed is to be done by volunteers and supervised youth volunteers and not by professional contractors. I accept the work project on this understanding, with no representative as to the skill level or quality of the work to be done.

I agree to cooperate with the NAILS volunteers in performing the work project, and to make the premises available as agreed. I recognize that I am responsible for providing restroom facilities for volunteer workgroups. I understand that the work project may involve individual volunteers, the use of tools, cleaning devices and materials, and that there is a risk of damage to the premises and damage for person injury or illness. I voluntarily accept these risks.

I agree to notify NAILS volunteers of any dangerous or unusual condition of the property in advance of any work to be completed.

I understand further that there are no warranties, express or implied, as to the quality or the quantity of the work to be done, or as to the times that such work is to be done, or as to whether such work will be completed to my satisfaction. I expressly agree to waive, relinquish and release any claim for personal injury or for property damage or for any claim which may arise from or be associated with the work project; and I do further agree to protect and hold harmless NAILS, the First Presbyterian Church of Cumberland, Maryland, Cumberland Neighborhood Housing Services, Inc., and any of its agents or employees from any damage, actual or consequential, or claim of any nature which may arise from any person in connection with the work project, known or unknown, now and forever, whether such claim be a result of negligence or otherwise.

I certify that I am the owner of the premises and that I have the right to make this agreement. I further certify that the property is insured for casualty loss and liability claims. I understand that any of the materials used on the work project may be provided through donation, therefore, I agree to repay NAILS for these material costs in the event that I shall sell my home within one year (365 days) of today's date.

I agree that if my property is selected for work that I will allow the property through photographs, video or recorded text of statements or through this application or any other associated recordation of my property, home, or this project to be advertised, displayed, and showcased for purposes of promoting NAILS Mission Project. I will allow the property to be showcased through advertising, press releases, videos, and photos indefinitely.

This agreement shall be binding upon me, and my successors or assigns.

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Date