



(For office use only)

Application Number VAP - _____

Date Received _____

CITY OF THE COLONY
COMMUNITY IMAGE DEPARTMENT

**APPLICATION and POLICY
FOR THE
VOLUNTEER ASSISTANCE PROGRAM**

Section A: GENERAL TERMS AND CONDITIONS

Receipt of this application by the City does not commit the City to approve the application or to pay any cost incurred in the preparation of the application.

The award of any application is subject to qualifications based on this application and availability of volunteers and resources. The program may be suspended or terminated at any time regardless of availability of funds or pending applications on file.

No application shall be accepted or incentive awarded that would result in a violation of the conflict of interest provisions of state law, the City Charter or the City's Ethics Policy. Pursuant to provisions in the City Charter and the City Code of Ethics, the City Council, City Manager, City Judge, individual board members, and City employees are ineligible for the receipt of benefits from the Volunteer Assistance Program.

All applications, and information contained therein, that are submitted are subject to disclosure pursuant to the Texas Public Information Act.

Volunteer projects involve homes that are in need of repair, but whose owners lack the resources to abate them. The Neighborhood Enhancement Officer will complete an assessment of the condition of the exterior of the home prior to assigning a project to a volunteer group. All projects are completed with materials at no cost to the resident.

Section B: Applicant Information

Applicant's Name

Address

City/ State/ Zip Code

Phone	Cell	Fax
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E-mail

Are you currently serving or have you served in the United States Military? Yes No

If Yes, what branch of the military did you serve? _____

Length of Service? _____

Are any members of your immediate family currently serving, or have they ever served in the United States military? Yes No

If yes, what branch of the military did they serve? _____

Length of service? _____

For additional information regarding this application or the Volunteer Assistance Program, please contact Danny Dill Neighborhood Enhancement Officer at (972) 624-3159 or ddill@thecolonytx.gov.

Section C: Volunteer Assistance Program Project Information

Address of home with Exterior Rehabilitation improvements

Type of Improvement or Need

(Check all that apply)

Install/Repair/Replace	Application Date
<input type="checkbox"/> Exterior House Paint	
<input type="checkbox"/> Roof	
<input type="checkbox"/> Siding	
<input type="checkbox"/> General property clean up	
<input type="checkbox"/> Lawn Care	
<input type="checkbox"/> Fence	
<input type="checkbox"/> Other:	

Applicant must provide the following:

- Valid permits for improvements
- Proof of home ownership, e.g. utility bill, mortgage documentation, homestead exemption
- A signed affidavit stating the applicant's hardship
- Valid Texas driver's license or Texas I.D. card for identity verification

Section F: Acknowledgements

I hereby certify that the information provided is true and accurate to the best of my knowledge. I hereby acknowledge that I have read, understand and agree to comply with the City of The Colony Volunteer Assistance Program policy and that any VIOLATION of the terms of the policy or MISREPRESENTATION shall constitute grounds for rejection of an application at the total discretion of the City of The Colony. I understand that I am responsible for obtaining all required permits and inspections from the City of The Colony and ensuring the project meets all current City requirements.

I hereby release and agree to indemnify the City of The Colony, Texas and their respective agents, officers, and employees from any and all liability, claims, demands, and causes of action whatsoever, related to any loss or damage to my person or property whether anticipated or unanticipated. This release shall be binding on me, my heirs, successors, assigns, administrators and/or executors.

I understand that my application will not be processed if it is incomplete. I agree to provide any additional information for determining eligibility as requested by the City of The Colony

I understand that the award of any incentive is at the sole discretion of the Community Image Advisory Board and the Development Services Review Committee and that the program may be suspended, terminated, or modified at any time regardless of availability of funds or pending applications on file.

Printed Name

Signature

Date

STATE OF TEXAS §
 §
COUNTY OF DENTON §

BEFORE ME, _____, on this day personally appeared known to me or proved to me on the oath of _____ or through _____ (description of identity card or other document) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

(Seal)

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this ____ day of _____, 20__ .
My Commission Expires:

Notary Public in and for the State of Texas