



# Roof Outreach APPLICATION

Deliver Completed Applications To:  
Wyoming Roofing  
Attn: Bonnie Gregory  
1215 S. Douglas Hwy, Ste. B  
Gillette, WY 82716

### Equal Housing Opportunity

We are pledged to the letter and spirit of U. S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin.



### Dear Applicant:

Please complete this application as completely and accurately as you are able, to determine if you qualify for the "Roof Outreach for Those Who Teach" Program.

\*\*\*IN ADDITION TO THIS APPLICATION, PLEASE INCLUDE A NARRATIVE THAT DESCRIBES WHY YOU ARE A DESERVING CANDIDATE FOR THIS PROGRAM. IF YOU ARE BEING NOMINATED BY SOMEONE ELSE, PLEASE INCLUDE THEIR NARRATIVE WITH THIS APPLICATION.

### SECTION 1 - Homeowner Information

Legal Name of Homeowner: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Telephone Number(s) Home: \_\_\_\_\_ Number of Years at Address: \_\_\_\_\_  
(Please include area codes) Other: \_\_\_\_\_

List names, ages and relationship to homeowner of all people living in the home:

Name/relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name/relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name/relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name/relationship: \_\_\_\_\_ Age: \_\_\_\_\_

### SECTION 2 - Special Needs

Is the homeowner or anyone in the home disabled?  Yes  No

If yes, indicate the type of disability below (check all that apply, please describe if "other"):

Uses a Walker, Cane or Crutches  Wheelchair Bound  Blind  Hearing Impaired

Loss of Limb  Mentally Disabled  Other: \_\_\_\_\_

Is translation needed?  Yes  No If yes, what Language: \_\_\_\_\_

### SECTION 3 - Media and Publicity

Where did you learn about The Roof Outreach Program?

TV  Radio  Newspaper  Flyer  Friend  Neighbor  Neighborhood Organization

Social Media  Other (please describe): \_\_\_\_\_

If your house is selected to be repaired, would you be willing to have your picture taken and/or be interviewed by media reporters?  Yes  No

**SECTION 4- Homeowner's Agreement**

I certify that the information on this application is accurate and that I own the property at the address given on this application. I have no present intention to move or offer my home for sale for at least one (1) year. I confirm that, except for the condition listed in this application, my home is a safe place for volunteers.

The Roof Outreach Program **MAKES NO WARRANTIES, EXPRESS OR IMPLIED REGARDING ANY MATERIALS USED OR WORK DONE BY ANYONE AT MY HOUSE.**

I hereby release The Roof Outreach Program, Wyoming Roofing LLC, Owen's Corning, Knecht Home Center , Basin Radio Network and all who may be associated with it from any and all liability whatsoever.

Moreover, to the extent damages are covered by insurance during the work to be performed, the parties waive all rights against each other and against any contractors, consultants, agents, employees or volunteers of the other for damages, except each party's rights as they may have to the proceeds of such insurance policy. The parties, as appropriate, shall require the contractors, consultants, agents and employees of the parties' similar waivers in favor of the other parties.

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

\_\_\_\_\_  
Date



