

Strong Castle Outreach:
Painting a Brighter Future Program:

FOR OFFICE USE ONLY:

CASE #: SC- _____

DATE REC: ___ / ___ / ___

APPROVED BY: _____

FED EIN #: 92-1142418

Form Introduction:

Please complete this application form thoroughly and accurately.

If you need help or have questions, contact us at: info@mysco.org. Submit the completed form to paintabrighterfuture@mysco.org.

Applications will be reviewed and processed in a timely manner.

Please note that we may require additional information, or documentation to verify eligibility.

We look forward to painting a brighter future for you!

Eligibility Requirements:

To be eligible for this program, you must:

- Be a homeowner in one of our target neighborhoods.
- Meet income eligibility requirements (see below)
- Be willing to allow volunteers to paint your home.
- Sign waiver of liability

Income Eligibility Requirements:

- Household income must be at or below 60% of the area median income (AMI)
- Proof of income may be required (pay stubs, tax returns, etc.)

Household Information:

Residence Name: _____ Address: _____

Resident Phone: _____ Email: _____

Household Size and Composition:

How many people in the household: _____

Children (How many?): _____

...continue to next page...

House Information:

Square footage (Exterior Only): _____

Current exterior paint condition: _____

Painting Preferences:

Color scheme preference (if any — subject to approval):

Any specific painting requests or needs:

Additional Information:

Are there anything else you would like to share about your household's needs or circumstances?

Consent and Signature:

I hereby consent to participate in the Strong Castle Outreach "Painting a Brighter Future" program.

I understand that this program is intended to provide temporary support and that I may be required to provide additional information or documentation to verify my eligibility.

Print Name: _____

Signature: _____

Date: ____/____/____

**PAINTING A BRIGHTER FUTURE PROGRAM
WAIVER OF LIABILITY, RELEASE, AND ASSUMPTION OF RISK**

This form **must** be completed for **ALL** Participants **18** years of age or older.

In consideration of receiving the benefits of the Painting a Brighter Future Program (the "Program"), I, _____, hereby acknowledge and agree to the following:

1. RELEASE AND WAIVER: I hereby release and hold harmless Strong Castle Outreach, its officers, directors, employees, agents, and volunteers (collectively, "SCO") from any and all claims, demands, actions, or causes of action that may arise from any damage or injury to my property or person, including but not limited to any alleged negligent act or omission of SCO.

2. ASSUMPTION OF RISK: I understand and acknowledge that the Program may involve physical activity, including painting and lifting, and that there are risks of injury or illness associated with such activities. I hereby assume all risks of injury or illness that may arise from the Program.

3. PROPERTY DAMAGE: I understand that the Program involves painting and other work on my property, and that there is a risk of damage to my property. I hereby release and hold harmless SCO from any and all claims, demands, actions, or causes of action that may arise from any damage to my property.

4. INDEMNIFICATION: I agree to indemnify and hold SCO harmless from any and all claims, demands, actions, or causes of action that may arise from any damage or injury to my property or person, including but not limited to any alleged negligent act or omission of SCO.

5. INSPECTION AND MAINTENANCE: I understand that it is my responsibility to inspect and maintain my property after the Program is completed. I hereby release and hold harmless SCO from any and all claims, demands, actions, or causes of action that may arise from any damage or injury to my property or person due to my failure to inspect and maintain my property.

6. GOVERNING LAW: This Waiver of Liability Form shall be governed by and construed in accordance with the laws of the State of Texas.

7. ENTIRE AGREEMENT: This Waiver of Liability Form constitutes the entire agreement between me and SCO, and supersedes all prior negotiations, understandings, and agreements between the parties.

By signing below, I acknowledge that I have read and understand the terms of this Waiver of Liability Form, and that I am signing it freely and voluntarily.

I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE OF LIABILITY AND SIGN IT VOLUNTARILY.

Project: _____ (list the house address, main office, etc...)

Printed Name: _____

Date: _____

Signature: _____

Phone: _____