



Application for Assistance: Long Term Recovery Light Track

Coweta Community Foundation, along with partners and agencies of the Coweta Long Term Recovery Group equips volunteers to serve the community through critical home repair projects. Organizations include but are not limited to: RiverLife, Inc., Inspiritus, Hope Global, and Serve Coweta. Through our partnership programs, adults and youth gather to use their skills and labor to repair exterior siding, building/repairing wooden porches/decks, wheelchair ramps, carports and roofing for homes in Coweta County impacted by the March 2021 Tornado. **Homeowners will buy supplies, Our volunteers are not licensed contractors and at this time, if you need plumbing, electrical or additional assistance in purchasing materials you will need to go through Bridging The Gap, BTG, to setup Case Management (AT Track).**

If you would like to be considered for work to be done at your home, please complete the form below. If you do not own your home, your landlord MUST complete and sign this form.

Please return it to P.O. Box 236 Newnan, GA 30264, drop off at the Newnan-Coweta Chamber of Commerce (23 Bullsboro Drive) or email to LTRD@cowetafoundation.org.

Applicant's Name: _____

DOB: ___/___/___ Gender: M/F ___ Marital Status: _____ Race: ___ Veteran: Y/N ___
MM / DD / YYYY

Address: _____

Phone Number: _____ Secondary Contact: _____

Email: _____ Number of people living in home: _____

Do you own your home: Yes ___ No* ___

***If you answered no, please list the homeowner and contact information below:**

Please check type of work requested and **describe your need:**

- Roof _____
- Exterior siding _____
- Wheelchair Ramp/Stairs _____
- Porches/Decks/Carport _____
- Other: **Please stop here and complete an application with BTG, this application is only for the above needs. BTG will assist you with setting up case management to address larger needs.** _____

Please describe why this work is needed or additional information that will be helpful in processing your application: _____

Application Process

1. **Application.** Submit completed application to **P.O. Box 236 Newnan, GA 30264** or drop off at the **Newnan-Coweta Chamber of Commerce (23 Bullsboro Drive)**, or scan and submit via email to lfrd@cowetafoundation.org including signature of homeowner and the liability below .
2. **Phone Interview.** You will receive a phone call from an administrator of The Coweta Community Foundation or a partner agency of the Coweta Long Term Recovery Group to discuss your home repair needs and clarify the information given.
3. **Home Visit.** A staff member or volunteer with the Coweta Long Term Recovery Group will make an appointment to visit your home to identify and assess the work needed. The homeowner should be present for this visit.
4. **Approval/Denial.** If approved, administrators will assign the project to a group of volunteers according to skill and availability and begin the scheduling process for completing the project. If denied, you will be notified by an administrator with the reason for denial and possible referral to other organizations for assistance.

AUTHORIZATION AND LIABILITY RELEASE

I, _____, certify that I am the owner of the home located at (list address)_____.

I certify that all information submitted on the application is accurate and true. I have also read the application process and understand that completing this application does not guarantee approval. If approved, I do hereby authorize volunteers and staff of RiverLife, Inc, Inspirtus, Hope Global, Coweta Community Foundation and Coweta Long Term Recovery Group partners and agencies to make the agreed upon repairs and release RiverLife, Inc, Inspirtus, Hope Global, Coweta Community Foundation and and Coweta Long Term Recovery Group partners and agencies from all liability whatsoever in the performance of this Authorization as long as the work has been completed in a workmanlike manner. I understand the work will be completed by volunteers donating their time, resources, and efforts, to the best of their ability and that all work is subject to volunteer availability and weather conditions. As the homeowner, I will be responsible for purchasing all materials needed to complete the job and will work with a Construction Manager to order materials. I also understand this work can only be complete if the home was in the path of the March 2021 Disaster and not due to deferred maintenance.

Owner's Signature

Date

PHOTO RELEASE

I hereby grant Coweta Community Foundation permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

Resident's Signature

Date

Homeowner Understanding

I understand I will be required to purchase all materials needed for this project. If I am unable to purchase materials for any reason, this application will be shared with Bridging The Gap and/or other case management agencies for assistance with opening a full Case to provide additional financial assistance.

Resident's Signature

Date

For Office Use Only:

Application Received: _____ Entered into Database: _____

Application: Approved. /. Decline. Date Admin Contacted Homeowner: _____

Additional Notes: _____
