

**SUMTER UNITED MINISTRIES
CONSTRUCTION MINISTRY /RAMP REQUEST**

RESIDENT'S _____ XXX-XX--_____/_____/20_____
LAST NAME FIRST NAME MI SSN – LAST FOUR DATE RECEIVED

ADDRESS _____ PHONE # _____
NUMBER AND STREET CITY ZIP CODE

***PLEASE ATTACH A NOTE FROM YOUR DOCTOR STATING A RAMP IS MEDICALLY NECESSARY.**

CIRCLE YES or NO

- YES NO Do you own your home? (If not, need a LETTER OF AUTHORIZATION)
- YES NO Is the house in Sumter County?
- YES NO Is the house in Sumter city limits?
- YES NO Has Sumter United Ministries helped you in the past?
- YES NO Have any other agencies helped you in the past?
- YES NO Are you on any list requesting home repair with a city, county, or state agency?
- YES NO Is there anyone living in this household a veteran?

DESCRIBE THE REPAIRS THAT YOU ARE REQUESTING

Do Not Sign Release until your Interview at Sumter United Ministries

Resident Release

I, the undersigned (also known as resident), am requesting help with repairs that I am completing on my home and agree to and accept all construction or renovation work that is being performed on my home (dwelling) by Sumter United Ministries and its representatives. Further, I waive any right to bring legal action against Sumter United Ministries, its licensees, successors, legal representatives and assignees during and upon completion of said construction or renovation work. I also hereby release all claims forever and hold harmless the directors, employees, volunteers and agents of Sumter United Ministries from any and all claims related to work performed on my home (dwelling). I will provide any permits necessary to legally do work on my home.

By signing this document the resident hereby gives Sumter United Ministries its licensees, successors, legal representatives, and assignees, the absolute and irrevocable right and permission to use the resident's name and to use, reproduce, edit, exhibit, project, display, copyright, publish photographic images, and/or moving pictures and/or videotaped images of the resident with or without resident's voice, or in which the resident may be included in whole or part photographed, taped, videotaped, and/or recorded during the duration of the project, and therefore to circulate the same in all forms and media for art, advertising, trade, competition, of every description and/or any other lawful purpose whatsoever. The resident also consents to the use of any printed matter in conjunction therewith. Please sign and complete below:

NO WORK CAN BE PERFORMED WITHOUT SIGNATURES

Resident Signature: _____ Date: _____

Witness Signature: _____ Date: _____

OFFICE USE ONLY

__ DR. NOTE __ AUTHORIZATION __ INTERVIEW __ APPROVED NEXT STEP __ SITE VISIT __ HUD