



Dear Homeowner,

Enclosed is an application for our home repair/modification services.

The Lee BIA Builders Care is a non-profit construction company providing services to elderly and/or disabled individuals with the greatest and most immediate emergency needs.

Candidates must meet the following criteria to be considered:

- a) Be elderly, disabled, or economically disadvantaged.
- b) Own your home (not rent).
- c) Live full time in your home.
- d) The home must be a permanent structure (not a mobile home).
- e) Demonstrate previous efforts to obtain repair and construction services.

If you meet the criteria above, please complete the application and mail it to the address on the form. Please note that submitting an application does not obligate The Lee BIA Builders Care to provide assistance. Our review committee will evaluate your application to determine when or if we will be able to assist you.

Thank you for your support of Builders Care.

Sincerely,

Heidi L. Davis, Executive Director
Lee BIA Builders Care

Builders Care is a 501 c3 non-profit organization and a part of Lee Building Industry Association.

4210 Metro Parkway, Suite 100. Fort Myers, Florida 33916 (239) 938-0056 www.LeeBuildersCare.org

Repairs/work needed (please describe):

Roof _____

Plumbing _____

Electrical _____

Handicap access _____

Comments on needed repairs:

Please list other organizations or agencies from which you have requested assistance.

How did you hear about Builders Care? _____

I affirm that the information submitted by me in this application is true and accurate to the best of my knowledge. I understand that my submitting this application in no way guarantees, commits or otherwise obligates the Lee BIA Builders Care to consider me for emergency repair or construction services.

Signature

Date

Street Address

City, State ZIP

*Please complete and mail this application and any attachments to:
Lee BIA Builders Care, Inc
4210 Metro Parkway, Suite 100
Fort Myers, FL 33916*



AUTHORIZATION FOR THE RELEASE OF INFORMATION

I (We), _____, hereby authorize the Lee Building Industry Association Builders Care, Inc. or its designated agents to obtain and receive all records and information pertaining to eligibility for the emergency housing repairs program, including homeownership, employment, income (including IRS returns), Medicaid screening, credit, residency, and banking information from all persons, companies, or firms holding or having access to such information. This authorization hereby gives the Lee Building Industry Association Builders Care, Inc. the right to request all information that we can or could obtain from any persons, company, or firm on any matter referred to above. I (We) also agree to allow the Lee Building Industry Association Builders Care, Inc. to release any and all information necessary (including, but not limited to income and credit information) to banks and/or mortgage companies or any other Federal or State government agencies to help assist me(us) in obtaining repair services to my home. I(We) agree to have no claim for defamation, violation of privacy, or otherwise against any person or firm or corporation by reason of any statement or information released by or to the Lee Building Industry Association Builders Care, Inc. for purposes of this program. The term of this authorization shall commence on the date of signature and be in force for a period of two (2) years.

Applicant's signature

Date

Printed name

Address

Co-applicant's signature (if applicable)

Date

Printed name

Address

Witness #1 signature

Date

Witness #1 address

Witness #1 phone

Witness #2 signature

Date

Witness #2 address

Witness #2 phone



Photo Consent and Release Form

I, _____, authorize Lee Building Industry Association Builders Care, Inc. to obtain photographs, video, audio and render artwork of myself, _____, and my family, _____, before, during and after the renovation of my home at _____.

I also authorize the use of such information for promotional materials including but not limited to newsletters, Web pages, brochures, videos and PowerPoint presentations and waive any claim on my part pertaining to obtaining and use of this information.

I consent that such photographs, video, audio, and rendered artwork shall be the property of Lee Building Industry Association Builders Care, Inc, and that they shall have the right to duplicate, reproduce and make other uses of such information.

I understand that Lee Building Industry Association Builders Care, Inc. may at its sole discretion make available to me photographs, audio, video or rendered artwork following completion of renovation services to my home.

I hereby release Lee Building Industry Association Builders Care, Inc., its staff and board members, Lee Building Industry Association, Inc. and the project contracting companies from any and all liabilities and waive all claims against them.

Signature Date

Printed Name

Address

Witness Date