



**REALTOR®  
COMMUNITY  
CARE DAY**

**NORTH CENTRAL JERSEY ASSOCIATION OF REALTORS® (NCJAR)**

**REALTOR® COMMUNITY CARE DAY  
Friday, September 27, 2024**

**2024 REALTOR® COMMUNITY CARE DAY Homeowner/Project Application**

REALTOR® COMMUNITY CARE DAY is a program that arranges for volunteers to assist eligible homeowners with NON-STRUCTURAL EXTERIOR HOME REPAIRS\* and adaptive and safety modifications for the elderly or disabled (the "Program"). All applicants must fill out an application form and provide required documentation by September 13, 2024 to be considered for a repair project. (A list of all necessary documents is on page 4). Incomplete applications, including those without all required documentation, will not be considered. If your house is selected for a project, there is no charge for the work completed.

NOTE: Your application, including financial information, shall remain confidential and will be retained in our office for a total of four (4) months following REALTOR® COMMUNITY CARE DAY. If you have not requested that the documents be returned to you, all documents will be destroyed at the end of that period.

Due to limited resources and a desire to have the greatest impact possible, prior applicants and participants are not eligible for more than one project.

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**SECTION 1: HOMEOWNER INFORMATION**

Name(s) of Homeowner(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Preferred method of contact: Home Phone / Cell Phone / Email

Names and ages of resident in home:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is anyone living in the home disabled? Yes / No

If yes, please explain special needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you employed?  Yes, My employer is: \_\_\_\_\_  
 No, I am not

Are you being recommended by a Realtor for this project? Yes / No

.....

**SECTION 2: HOME DETAILS:**

List the four most important exterior home repairs you need. Please note, we cannot do major structural repairs, but will do our best to accommodate other requests like painting, roof repair, gutters, etc.

*\*(Structural means foundations, porches, roofing (beyond minor repair) chimneys.)*

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Please provide any other important details about your home that might be necessary to know for any of the repairs you have stated you need.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

.....

**SECTION 3: FRIEND AND FAMILY VOLUNTEERS**

Please list any able residents, friends, or family members who will be present on the project day to volunteer. We ask that all able residents and visitors participate in the project.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION 4: AGREEMENTS AND SIGNATURES

Please review the following and sign to indicate your acceptance.

- I/we, or a person appointed by me/us, will be home on the selected project date while repairs are being done.
- I/we confirm that any able residents of the home, or family/friends present at the home at the day of the project, will assist volunteers in working on the project and that their information is included in Section 3.
- I/we certify that all information included on this form is true and correct.
- I/we own and live in the property at the address given, and have homeowner's insurance.
- I/we intend to remain in my home for at least one year, barring illness or death.
- I/we am/are not in financial trouble or at risk of losing my/our home.

\_\_\_\_\_  
Signature of Homeowner  
(If there is more than one principal owner, all must sign this form)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**If this form is prepared by someone other than the homeowner(s), or if assistance is provided, please complete the following:**

Is/are the homeowner(s) aware of this application? Yes / No

Name of person preparing/assisting with application: \_\_\_\_\_

Relation to homeowner: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**SECTION 5: REQUIRED DOCUMENTATION CHECKLIST**

- Proof of ownership: deed or mortgage
- Proof of residency: driver’s license or acceptable identification card
- Proof of insurance: copy of current homeowner’s insurance policy

**SECTION 6: WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION**

By submitting this application to become a REALTOR® COMMUNITY CARE DAY participant, I/we hereby release, waive, discharge, and covenant not to sue North Central Jersey Association of Realtors®, their directors, officers, employees, volunteers, representatives and agents and any third party vendor hired to provide services in connection with the Project (collectively “Releasees”), from any and all liability, including but not limited to liability arising from the negligence or fault of the Releasees, for personal injury, property damage, property theft, or actions of any kind which may hereafter occur related to my participation in the REALTOR® COMMUNITY CARE DAY Project (the “Project”).

The undersigned also hereby agrees to indemnify, defend and hold the Releasees harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities including, but not limited to, attorney’s fees, arising from, or in any way related to, the Participant’s participation in the Project, except for those arising out of the willful misconduct, gross negligence or intentional torts of the above parties, as applicable.

**Submit Application to: NCJAR, 910 Mt. Kemble Avenue, Morristown, NJ 07960  
or E-Mail: info@ncjar.com  
Any questions call: 973-425-0110**

\_\_\_\_\_  
Signature of Homeowner  
(If there is more than one principal owner, all must sign this form)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

For office use only:

Date Rcv’d: \_\_\_\_\_

HO Verified: Yes / No

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

All Docs. Rcv’d: Yes / No