



CITY OF FORT WORTH COMMUNITY ACTION PARTNERS
2024 HOUSEHOLD CRISIS COMPONENT PROGRAM APPLICATION

The Household Crisis Program can service, repair, or replace heating, ventilation, and air conditioning systems for households that include members of vulnerable populations or during times of extreme temperatures.

Client: Last Name		First Name		M.I.	
Address		City		Zip	
Phone Number (Must have phone for vendor to contact)		Work/Message			
How many people live in the home?				Home Owner: <input type="checkbox"/> Buyer <input type="checkbox"/> Renter <input type="checkbox"/> Mobile Home	
Are any of the residents age 60 or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Is your home? <input type="checkbox"/> Total Electric <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas	
Are any of the residents disabled?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Is your home under foreclosure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any of the residents age 5 or under?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
What is the main way you cool your home?					
<input type="checkbox"/> Central Unit					
<input type="checkbox"/> A/C Window Unit		How many in home?		How many nonworking window units?	
<input type="checkbox"/> Evaporative Cooler		How Many?			
<input type="checkbox"/> Fans					
<input type="checkbox"/> Other					
What is the main way you heat your home?					
<input type="checkbox"/> Central Unit		Is it a total Electric System?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Gas Space Heater		How many in the home?		Does central unit have a Gas Furnace? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Wall Furnace		How many in the home?		How many don't work?	
<input type="checkbox"/> Propane		<input type="checkbox"/> Wood		<input type="checkbox"/> Other	
Does the unit need servicing?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Does the unit need repair?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Has someone looked at the unit?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Can you describe the problem?					
Have you noticed an increase in energy consumption? <input type="checkbox"/> Yes <input type="checkbox"/> No					

FOR STAFF USE ONLY			
Client ID Number		Case Worker	
Priority Rating		Center	

CITY OF FORT WORTH COMMUNITY ACTION PARTNERS
2024 HOUSEHOLD CRISIS COMPONENT PROGRAM WAIVER & RELEASE

Client: Last Name	First Name	M.I.	
Address:	City:	Zip:	
Phone:	Work/Message:		
Additional Comments:			
Property Owner: Name			
REPAIR/REPLACEMENT OF APPLIANCES			
<p>I _____, Owner or legal representative of the above property, hereby grants permission for the City of Fort Worth's contractor(s) to enter the premises to assess or repair the following appliances: <u>A/C Window Units or Service/Repair on A/C Central Unit</u>. I agree to remove any non-affixed appliance/unit located at the above property that I own that the City determines is not repairable no later than <u>5 days after the new appliance is installed</u>. If any appliance(s) or unit(s) are not removed by the above date, I understand that the City's contractor will enter the premises, remove and dispose of said appliance(s) or units(s) according to State and Federal laws. I also authorize the City of Fort Worth contractor(s) to assess any appliance or unit that is affixed to the property, including any window ac units for energy efficiency. I agree not to remove from the property location any affixed appliance or unit (window ac units), replaced by the City regardless of whether the above tenant vacates the premises. <u>I understand that any replacement of non-affixed appliances or units shall become the personal property of the Tenant. If the owner resides at said property, the owner also agrees to attend an energy conservation workshop as a condition for receiving this assistance.</u></p>			
<p>I _____, Tenant of the above property, hereby grant permission for the City of Fort Worth's contractor(s) to enter the premises to assess or repair the following appliances: <u>A/C Window units or Service/Repair on AC Central Unit</u>. I understand that replacement of any appliance(s) or unit(s) belonging to me that is not affixed to the property, such as an a/c window unit, provided to me under this program, shall become my personal property. As a prerequisite and condition of receiving this assistance I agree to attend an energy conservation workshop.</p>			
WAIVER OF DAMAGE CLAIMS			
<p><i>OWNER AND/OR TENANT AGREE TO DEFEND, INDEMNIFY AND HOLD THE CITY, ITS OFFICERS, AGENTS, SERVANTS AND EMPLOYEES, HARMLESS AGAINST ANY AND ALL CLAIMS, LAWSUITS, ACTIONS, COST AND EXPENSES OF ANY KIND, INCLUDING, BUT NOT LIMITED TO, THOSE FOR PROPERTY DAMAGE OR LOSS AND/OR PERSONAL INJURY, INCLUDING DEATH, THAT MAY RELATE TO, ARISE OUT OF, OR BE OCCASIONED BY FROM THIS PROGRAM OR WORK PERFORMED UNDER THIS PROGRAM.</i></p>			
RESPONSIBILITY			
<p>It is the responsibility of the owner and tenant to take the appropriate actions to maintain any appliance or unit installed or repaired. If any mechanical problems should arise during the warranty period, owner and/or Tenant will contact the City of Fort Worth at (817) 392-5788.</p>			
<p>By affixing my signature to this release, I hereby fully understand and agree with the requirements within.</p>			
Property Owner/ Representative Signature	Date		
			
Tenant Signature	Date		
			
FOR STAFF USE ONLY			
Client ID Number		Case Worker	
Referral Date		Center	