

# City of Fort Worth Priority Repair Program



**The Priority Repair Program now prioritizes based on need and vulnerability, but please be advised that due to high demand, current wait times are VERY LONG.**

## What types of repairs are included?

Priority Repair Program technicians will perform a home inspection to determine if an applicant is in need of repairs.

### *Types of repairs:*

- Water and sewer line breaks.
- Gas line breaks and leaks.
- Water heaters (inoperable or unsafe).
- Heating systems (inoperable or unsafe).
- Electrical system failures.
- Roof repairs.
- Air conditioning systems (inoperable or unsafe).
- Unstable, sagging or rotten sub-flooring.



No individual shall be denied services solely on the basis of his or her race, color, national origin, gender, gender identity, religion, age, disability or sexual orientation.



Hearing and speech-impaired persons may access the program's number by calling the Federal Relay Service at 800-877-8339. Braille or large print copies of Priority Repair Program documents are available upon request.

The Priority Repair Program helps Fort Worth homeowners in need of home repairs.

**Call 817-392-7548 to see if you are eligible for repair assistance!**

## How can I participate?

- The home must be located in the City of Fort Worth and owner occupied.
- The home's value must be 80% or lower than the area median home value of the City of Fort Worth, according to the Greater Fort Worth Association of Realtor's published home report.
- The home value is referenced according to the current Tarrant Appraisal District total appraised value.
- Total household income for all adults living in the home cannot exceed more than 60% of the area's median income:

Household Size	Maximum Income
1	\$44,820
2	\$51,240
3	\$57,660
4	\$64,020
5	\$69,180
6	\$74,280
7	\$79,440
8	\$84,540



**Contact Information:**  
Neighborhood Services Department  
[FortWorthTexas.gov/neighborhoods](http://FortWorthTexas.gov/neighborhoods)  
817-392-7548



Neighborhood Services Department  
Priority Repair Program

Dear Fort Worth Homeowner:

**The Priority Repair Program now prioritizes based on need and vulnerability, but please be advised that due to high demand, current wait times are VERY LONG.**

The Priority Repair Program provides priority repairs to low-income Fort Worth homeowners to correct problems, which pose an immediate threat to the health and or safety of the occupants. To qualify for the Program, the following must be verified to determine eligibility:

- ❖ The home is your principal residence
- ❖ The home is in the city limits of Fort Worth
- ❖ The amount of your total household income (which must fall at or below 60% of Fort Worth's area median income)
- ❖ The repair must fall under the guidelines of the Priority Repair Program.

**To participate in the Priority Repair Program, you must submit:**

1. ☐ **A completed application signed & dated**
2. ☐ **Proof of income for the entire household**

**Required proof of income may include:**

- ☐ Last 2-4-8 pay check stubs
  - ☐ Award letter from Social Security, SSI, SSDI, RSDI, Survivor Benefits, Retirement
  - ☐ Pension      ☐ Annuity      ☐ Child Support      ☐ VA Benefits      ☐ Unemployment
  - ☐ Workman's Compensation      ☐ Alimony      ☐ Insurance Settlement      ☐ Food Stamps
  - ☐ Certification of Income Statement      ☐ Previous Year's Tax Return Statement
  - ☐ Notarized Statement      ☐ Other sources of income \_\_\_\_\_
- (Call 1-800-772-1213 to request Social Security proof of income.)

3. ☐ **A Valid Photo ID (for every individual in the household who is 18yrs. and older)**
4. ☐ **Verification Statements:(2 months of recent bank statements) from all bank accounts (with all pages). Utility Bills: Water, Electricity and gas. Mortgage statement if applicable**
5. ☐ **As Applicable:** Gas provider notice of shut-off, denial letter from insurance company, current home owner's insurance policy. **Other:** \_\_\_\_\_

The required paperwork must be returned to the City of Fort Worth Neighborhood Services Priority Repair Department within 10 calendar days. You may return the application to our office at:  
**818 Missouri Ave.76104 Suite 245, or fax at 817-392-7523.**

**Failure to submit the required documents within 10 days will result in denial of application.**

**If you have any questions please call our office at 817-392-7548.**

\* No individual shall be denied services solely on the basis of his or her race, color, national origin, gender, gender identity, religion, age, disability or sexual orientation.

\*Hearing and speech-impaired person may access the program's number by calling the Federal Relay Service at (800)877-8339. Braille or large print copies of PRP Program documents are available upon request.

\*A ninguna persona se le negará servicios únicamente en base de su raza, color, origen nacional, sexo, identidad de género, religión, edad, discapacidad u orientación sexual.

\*Personas con deficiencias de audición y lenguaje pueden acceder al programa al llamar al número de Servicio de Retransmisión Federal al (800) 877-8339. Copias de los documentos del programa PRP en braille o letra grande están disponibles por petición



# Priority Repair Program

Client Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Fort Worth, TX \_\_\_\_\_

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## A. Property Information *(Please provide the following information.)*

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### A1. Property Type: (Please select one)

- ☐ Single Family House  
☐ Condominium  
☐ Townhouse  
☐ Mobile home  
☐ Other

### A2. Is the property listed on this application located within the Ft. Worth city limits?

- ☐ YES  
☐ NO

### A3. Do you have a monthly mortgage payment?

- ☐ YES  
☐ NO

### A4. Do you receive income for renting or subletting any of your properties?

- ☐ YES  
☐ NO

A5. Year Home Built? \_\_\_\_\_

A6. Number of Bedrooms: \_\_\_\_\_

A7. Number of Bathrooms: \_\_\_\_\_

### A8. Foundation Type:

- ☐ Pier & Beam  
☐ Slab  
☐ Both

### A12. Type of Heating:

- ☐ Central System (gas or electric)  
☐ Wall Furnace (gas or electric)  
☐ Space Heater (electrical)  
☐ Dearborn Heater-Gas (UVSH)  
☐ Fire Place  
☐ Stove (gas or electric)  
☐ Other  
☐ None

### A13. Repairs Requested

- ☐ Sewer Line Breaks  
☐ Gas Line Breaks  
☐ Fresh Water Line Breaks  
☐ Water Heaters (inoperable or unsafe units)  
☐ Electrical  
☐ Roofing  
☐ Unsafe or Inoperable HVAC Systems  
☐ Flooring

### A14. Please provide a short description of repairs needed

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## A. Property Information

*(Please provide the following information.)*

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### A9. Type of Windows: (check all that apply)

- ☐ Wood
- ☐ Aluminum
- ☐ Vinyl
- ☐ Other
- ☐ Unknown

### A10. Children under the age of six: (check all that apply)

- ☐ Live in the home
- ☐ No Children Present
- ☐ Visit the home often
- ☐ Pregnant Woman lives in the home

### A11. Type of Air Conditioning:

- ☐ Central System
- ☐ Window Units
- ☐ Other
- ☐ None

### A15. Do you possess any homeowner's insurance?

\_\_\_\_ YES  
\_\_\_\_ NO

### A16. How long has this issue been going on?

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## APPLICATION FOR PRIORITY REPAIR SERVICES

<b>A.</b>				
<b>Name of Applicant or Head of Household</b> Nombre del Solicitante o Responsable de la casa			<b>Home Telephone</b> Teléfono de casa	
<b>Address</b> Domicilio		<b>City</b> Ciudad	<b>County</b> Condado	<b>Zip Code</b> Código Postal
<b>Mailing Address – If different</b> Domicilio Postal – Si es diferente			<b>City</b> Ciudad	<b>Zip Code</b> Código Postal
			<b>Work Phone</b> Teléfono de Trabajo	

**GIVE THE FOLLOWING INFORMATION FOR EACH PERSON LIVING IN THE HOME, INCLUDING YOURSELF:**

ESCRIBA LOS NOMBRES DE TODAS LAS PERSONAS QUE VIVEN EN LA CASA, INCLUYENDOSE AUSTED:

List additional members on back or separate page/Si necesita más espacio, escriba al reverso de esta pagina o en otro papel.

<b>B.</b>	Name Nombre	Date of Birth Fecha de Nacimiento	*Age *Edad	*Sex *Sexo	*Race Choose One: (White, Black/AA, Asian, American Indian/Alaskan Native, Native Hawaiian/Other Pacific Islander, American Indian/Alaskan Native & White, Asian & White, Black/AA & White, Amer. Indian/Alaskan Native & Black/AA, OR Other)	*Ethnicity *Etnicidad (Hispanic or Non-Hispanic)	*Disabled *discapacitado Yes/Si      No	
1.		/ /						
2.		/ /						
3.		/ /						
4.		/ /						
5.		/ /						
6.		/ /						
7.		/ /						
8.		/ /						

**\*This information is voluntary and is requested to ensure benefits are provided without regard to race, color or national origin. It will not affect your eligibility or benefit level**

\*Esta información es voluntaria y se solicita solo con el fin de asegurar que los beneficios se puedan ofrecer sin discriminación de raza, color u origen nacional. Esta información no afectara su elegibilidad ni la cantidad de su beneficio.

<b>C.</b>	<b>Housing Expenses</b>		
		Monthly Payment	If Past Due -Indicate if you have a payment plan or a mortgage loan modification.
1.	Mortgage(s)		
2.	Homeowner's Insurance		
3.	Electricity		
4.	Water		
5.	Vehicle		
6.	Other Housing Expense (Gas, phone, internet, food, etc.)		
7.	Total Expenses		

<b>D.</b>	<p><b>For each person living in the home that receives any of the following types of unearned income or benefits enter the gross amount received in the space provided.</b></p> <p>Indique en lo siguiente, los ingresos o beneficios que usted u otros miembros de su casa reciben. Incluya el número de identificación de su casa o cuenta de ayuda y la cantidad de ayuda.</p> <p><i>*Do not include food stamps as income.</i></p> <p><i>*No incluya "estampillas de comida" como ingreso.</i></p>																											
	<table border="1"> <thead> <tr> <th>Type of Assistance/Tipo de Asistencia</th> <th>Monthly Amount Cantidad Mensual</th> </tr> </thead> <tbody> <tr><td>AFDC/ Asistencia AFDC</td><td></td></tr> <tr><td>SSI/ Ingreso de Seguridad Suplemental</td><td></td></tr> <tr><td>Social Security/ Seguro Social</td><td></td></tr> <tr><td>Veteran's Benefits/ Beneficios de Veteranos</td><td></td></tr> <tr><td>Retirement Benefits/ Beneficios de Retiro</td><td></td></tr> <tr><td>Military Allotments/ Reparto de Sueldo Militar</td><td></td></tr> <tr><td>HUD Utility Supplement/ Suplemento para las Utilidades de HUD</td><td></td></tr> <tr><td>Child Support/ Sostenimiento para Niños</td><td></td></tr> <tr><td>Unemployment Compensation/ Compensación de Desempleo</td><td></td></tr> <tr><td>Workman's Compensation/ Compensación de Trabajadores</td><td></td></tr> <tr><td>Contributions/IRAs/401K/Savings Contribuciones</td><td></td></tr> <tr><td>Other (Property/Assets) (specify): Otro (especifique):</td><td></td></tr> </tbody> </table>	Type of Assistance/Tipo de Asistencia	Monthly Amount Cantidad Mensual	AFDC/ Asistencia AFDC		SSI/ Ingreso de Seguridad Suplemental		Social Security/ Seguro Social		Veteran's Benefits/ Beneficios de Veteranos		Retirement Benefits/ Beneficios de Retiro		Military Allotments/ Reparto de Sueldo Militar		HUD Utility Supplement/ Suplemento para las Utilidades de HUD		Child Support/ Sostenimiento para Niños		Unemployment Compensation/ Compensación de Desempleo		Workman's Compensation/ Compensación de Trabajadores		Contributions/IRAs/401K/Savings Contribuciones		Other (Property/Assets) (specify): Otro (especifique):		<input type="checkbox"/> <b>Please check here if you are employed as a migrant or seasonal farm worker.</b> Favor de marcar sí usted está empleado como emigrante o trabajador temporal de agrícola.
Type of Assistance/Tipo de Asistencia	Monthly Amount Cantidad Mensual																											
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<b>E.</b>	<b>Employment Verification</b>																											

**GIVE THE FOLLOWING INFORMATION FOR EACH PERSON LIVING IN THE HOME:**

<b>Name:</b>			
Employer Name:	Employer Address:		Business Phone:
Job Title:	Years Employed:	Frequency of Pay(Circle one): Weekly      Bi-Weekly Semi-Monthly      Monthly	Total Gross Income:
<b>Name:</b>			
Employer Name:	Employer Address:		Business Phone:
Job Title:	Years Employed:	Frequency of Pay(Circle one): Weekly      Bi-Weekly Semi-Monthly      Monthly	Total Gross Income:

**PRIORITY REPAIR PROGRAM  
APPLICANT'S AUTHORIZATION, UNDERSTANDING AND AGREEMENT**

This is an application for the Priority Repair Program to repair problems to which pose immediate threats to the health or safety of the occupants of your property. Your signature below certifies and affirms that you acknowledge, understand and consent to the following: (1) Actual authority is granted to the City of Fort Worth from you, the homeowner, to act as your agent or representative in order to enter and inspect your property to determine all necessary priority repairs; (2) The extent of all repairs shall be based on the sole judgment of the City of Fort Worth; (3) After giving reasonable notice, the City of Fort Worth is authorized to enter your property for the purpose of determining that the improvements specified in the Bid Packet have been completed in accordance with the terms; (4) The actual payment amount to the contractor who provides services under the Priority Repair Program will be based on the inspection of the Neighborhood Services Inspector, ONLY; (5) The City of Fort Worth Neighborhood Services Department has the right to collect any cost related to Priority Repairs, including but not limited to a lawsuit for money damages resulting from false or misrepresented information provided in this application.

**PROGRAMA DE REPARACIONES DE PRIORIDAD  
AUTORIZACION, ACUERDO, Y ENTENDIMIENTO DEL SOLICITANTE**

Esta es una solicitud para el programa de Reparaciones de Prioridad para reparar problemas en cuales haya una inmediata amenaza a la salud o seguridad de los residentes de su propiedad. Su firma certifica y afirma que usted reconoce, entiende y da su consentimiento a lo siguiente: (1) Toda autoridad es dada a la Ciudad de Fort Worth de parte de usted, el dueño, para actuar como su agente o representante para poder inspeccionar su propiedad y determinar todas las reparaciones de prioridad necesarias; (2) La extensión de todas las reparaciones será basada por la Ciudad de Fort Worth; (3) Después de dar un aviso razonable, la Ciudad de Fort Worth tiene la autoridad de entrar a su propiedad con el propósito de determinar que los arreglos especificados en el "Paquete de Propuesta" hayan sido terminados conforme a los términos del contrato; (4) El pago para el contratista que haga las reparaciones bajo el programa de Reparación de Prioridad será basado en la inspección del Inspector de Servicios de Viviendas SOLAMENTE; (5) El Departamento de Servicios de Viviendas de la Ciudad de Fort Worth tiene el derecho de cobrar cualquier costo relacionado con los Repares de Prioridad, incluyendo pero sin límite a un "Pleito Legal" de dinero perdido en daños a causa de representar información incorrecta en esta solicitud.

**I certify that all information I am providing for this application is true and could be subject to verification at any time by a third party. I also acknowledge that the provision of false information could leave me subject to the penalties of Federal, State and local law.**

*Yo certifico que toda la información que estoy proveyendo en esta aplicación es cierto y podría ser verificada en cualquier momento por una agencia sin interés. Yo reconozco que la provisión de falsa información puede ser sujetos a las penalidades de las leyes locales, estatales o federales.*

**WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT**

**Advertencia: Título 18, sección 1001 del código de los Estados Unidos afirma que una persona es culpable de un delito de felonía si voluntariamente hace declaraciones falsas de fraude a cualquier departamento de Gobierno de los Estados Unidos**

<b>Applicant Signature</b>	<b>Date</b>	<b>Co-Applicant Signature</b>	<b>Date</b>
Firma de Solicitante	Fecha	Firma de Co-Solicitante	Fecha

***~If someone other than the applicant has prepared this application, that person must sign below.***

***~Si alguien aparte del solicitante preparo esta solicitud, esa persona necesita firmar debajo.***

<b>Prepared by:</b>	<b>Date:</b>
Preparado por:	Fecha:
<b>Address:</b>	
Domicilio:	
<b>Telephone:</b>	
Teléfono:	





City of Fort Worth  
Neighborhood Services Department

**CONFLICT OF INTEREST DISCLOSURE:  
APPLICANT / PROSPECTIVE APPLICANT FORM I**

Thank you for your interest in the affordable housing programs offered by the City of Fort Worth. These programs are funded through federal grant funds from the U.S. Department of Housing and Urban Development (HUD), and are governed by the Code of Federal Regulations, 24 CFR 92.356 and 24 CFR 570.611. These regulations prohibit participation in some programs by any person who exercises, or who has exercised, any functions or responsibilities with respect to these federal grant funds. The persons affected include city employees, elected or appointed officials, or agents or consultants of the City. This limitation also applies to immediate family members of any such persons who exercise or have exercised functions or responsibilities with respect to these grant funds, including immediate family members of employees, elected or appointed officials, and agents or consultants.

**Our office is requesting the following information in order to comply with the above regulatory requirements. Please complete this form, sign it, and return it to the City of Fort Worth Neighborhood Services Department at your earliest convenience.**

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: ( ) - \_\_\_\_\_ E-MAIL ADDRESS (if applicable) \_\_\_\_\_

PROGRAM ASSISTANCE REQUESTED (PRP) Priority Repair Program  
(Homebuyer Assistance-HAP or DPAP, Housing Counseling, Priority Repair, Cow town Brush-up, Other)

1) Are you employed by the City of Fort Worth?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Were you employed by the City of Fort Worth within the most recent 12-month period?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, by which Department and Division?:		
2) Are any members of your immediate family currently employed by the City of Fort Worth? (“Immediate Family” includes (whether by blood or adoption): the spouse, parent (including a stepparent), child (including a stepchild), brother, sister (including a stepbrother or stepsister), grandparent, grandchild, and in-laws.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please provide relatives’ name(s), Department(s), and Division(s):		
If No, were any members of your immediate family employed by the City of Fort Worth within the most recent 12-month period?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, by which Department(s) and which Division(s):		
3) Are you an elected or appointed official, or agent or consultant, of the City of Fort Worth?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you the immediate family member of an elected or appointed official, or agent or Consultant of the City of Fort Worth?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, provide Name/Contact for Elected/Appointed Official, Agent/Consultant:		

**Certification:** I understand and agree that the City may contact the office of the above-designated official, agent or consultant, or my supervisor, or my immediate family member’s supervisor, in order to determine whether any of these persons’ employment or official functions are or were related to the City’s use of federal grant funds from HUD in the past year. **I certify that the information I am providing is true and could be subject to verification at any time by a third party. I also acknowledge that the provision of false information could leave me subject to the penalties of Federal, State and local law.**

\_\_\_\_\_  
**Applicant/Prospective Applicant Signature**

\_\_\_\_\_  
**Date**

WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT. If you have any questions, please contact Charletta Moaning Sr. Contract Compliance Specialist, at 817-392-7333 or at [charletta.moaning@fortworthtexas.gov](mailto:charletta.moaning@fortworthtexas.gov)





**CITY OF FORT WORTH  
NEIGHBORHOOD SERVICES DEPARTMENT  
PRIORITY REPAIR PROGRAM**

**CUSTOMER ACKNOWLEDGEMENT**

**Address Location:** \_\_\_\_\_

I/WE give permission for the City to enter my/our property for the purpose of completing the services applied for under the Priority Repair Program. I acknowledge and understand that the services provided by the City through the Priority Repair Program are provided to me in good faith.

The assistance provided by the program is limited in scope in the following manner:

*I. The Priority Repair Program helps low-income Fort Worth homeowners in need of home repairs.*

*II. Repair services under each classification included below:*

- *Water and sewer line breaks*
- *Gas line breaks/ leaks*
- *Water heaters (inoperable or unsafe units)*
- *Unsafe or inoperable heating systems*
- *Electrical system failures*
- *Roof repairs*
- *Unsafe or inoperable air conditioning systems*
- *Unstable, sagging, or rotten sub-flooring*

Additional repairs may be made on a case-by-case basis.

**Owner:** \_\_\_\_\_  
**Signature/ Date**



**CITY OF FORT WORTH  
NEIGHBORHOOD SERVICES DEPARTMENT  
PRIORITY REPAIR PROGRAM**

**PERMISSION FOR INSPECTION  
&  
PERMISSION TO PERFORM WORK**

**Owner:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

1. I/We are the Owner(s) of the Property. It is my/our primary residence.
2. I/We have made a written application to the City of Fort Worth for services under the City's Priority Repair Program.
3. I/We understand that the City will send an inspector to inspect my house to determine if the repair meets City and federal guidelines for services provide by the Priority Repair Program.
4. I/We give permission for the City inspectors to enter the Property and perform all necessary inspections.
5. I/We give permission to the City and Contractor (s) hired by the City to perform all necessary work on my/our Property. I/We agree to be present at the Property while the work is to be performed.
6. I/We release the City of Fort Worth and its employees, agents, officers and contractors from any and all claims which I/we may have as a result of any property damage, injury, or any other damage resulting from the inspection of the Property by City inspectors.
7. I/We understand that inspection is just one part of my/our qualification for services under the Priority Repair Program and does not mean that my/our application is approved.
8. **I/WE UNDERSTAND THAT NO INSPECTION OR WORK WILL OCCUR AND MY/OUR ELIGIBILITY FOR THE PRIORITY REPAIR PROGRAM CANNOT BE DETERMINED UNTIL I/WE SIGN THE ATTACHED RELEASE AGREEMENT. I/WE ACKNOWLEDGE THAT I/WE HAVE READ THE RELEASE AGREEMENT, HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT IT AND UNDERSTAND THAT IT MAY AFFECT MY/OUR LEGAL RIGHTS.**

**Owner**

**Owner**

\_\_\_\_\_

\_\_\_\_\_

**THE RELEASE AGREEMENT MUST BE EXECUTED BY OWNER AND ATTACHED TO THIS PERMISSION FOR INSPECTION AND TESTING. NO INSPECTION OR TESTING OF THE PROPERTY WILL BE PERFORMED UNLESS THE RELEASE AGREEMENT IS SIGNED BY OWNER.**



**CITY OF FORT WORTH  
NEIGHBORHOOD SERVICES DEPARTMENT  
PRIORITY REPAIR PROGRAM**

**RELEASE OF ALL CLAIMS AND INDEMNITY AGREEMENT**

**Owner:** \_\_\_\_\_

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

**Date:** \_\_\_\_\_

Owner is applying for house repair work for the Property under the Priority Repair Program of the City of Fort Worth.

**NOW, THEREFORE**, in consideration of the City of Fort Worth accepting an application for services under the Priority Repair Program, Owner (whether one or more) makes the following representations and agrees to the following:

1. Owner is 18 or older, is of sound mind and is, in all things, competent to enter into this agreement.
2. Owner understands that work and services provided by the Priority Repair Program involving gas lines repairs, water lines repairs, sewer line repairs, electrical repairs, roof repairs, structural repairs may in certain rare instances be dangerous and might result in injury, property damage, or death.
3. Owner gives permission for the City and its hired Contractors to perform all necessary work. I/We agree to be present at the Property while the work is to be performed.
4. Owner understands that Owner is NOT a third-party beneficiary to any contract or contracts between the City and the Contractor hired performing the work. Owner understands and hereby releases and or forfeits any and all rights to sue the City as a third-party beneficiary.
5. If the Property is covered by a homeowners insurance policy and Owner makes a claim under such policy for any personal injury or damage to the Property suffered by Owner in connection with any activities under the Priority Repair Program, including inspection and work/services provided for the Property, Owner promises to pay any deductible and will not look to the City of Fort Worth or any person or entity connected with, or in privity with, the City of Fort Worth for payment of such deductible. **If any homeowner's insurance company asserts a claim against the City of Fort Worth for subrogation, Owner promises to indemnify, protect and defend the City of Fort Worth against any such claim.**

6. For the consideration mentioned above, **Owner does hereby release, acquit and forever discharge the City of Fort Worth of and from any and all claims, rights and causes of action which Owner, Owner's representatives, heirs, estate, successors and assigns may ever have or claim as a result of any injury, death, property damage or other damage suffered by Owner as a result of Owner receiving any services under the Priority Repair Program.**
7. For the consideration mentioned above, Owner promises to **indemnify, protect and defend the City of Fort Worth, its employees, agents, officers, officials, volunteers, contractors or other persons connected with, or in privity with, the City of Fort Worth against any claim ever asserted by any third person arising out of the injury, death or property damage allegedly suffered by such third person as a result of Owner receiving any services under the Priority Repair Program.**
8. **IT IS OWNER'S INTENTION THAT THE TERMS OF THIS RELEASE OF ALL CLAIMS AND INDEMNITY AGREEMENT SHALL APPLY EVEN IF THE INJURY, DEATH OR PROPERTY DAMAGE ALLEGEDLY SUFFERED BY OWNER IS CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE, GROSS NEGLIGENCE, INTENTIONAL ACT OR OTHER FAULT OF THE CITY OF FORT WORTH, ITS EMPLOYEES, AGENTS, OFFICERS, OFFICIALS, VOLUNTEERS, CONTRACTORS OR OTHER PERSONS CONNECTED WITH, OR IN PRIVITY WITH, THE CITY OF FORT WORTH.**
9. Owner agrees that the language in this agreement shall, in all cases, be construed as a whole according to its fair meaning and shall not be construed strictly for or against any party.

**Owner**

**Owner**

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