New Jersey Realtors®
Housing Opportunity Foundation
REALTORS® Care Day

2026 Realtors® Care Day Homeowner/Project Application

Realtors® Care Day ("RCD") is a program that arranges for volunteers to assist eligible homeowners with 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 **August 1, 2026** 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 the project, there is no charge for the work completed.

NOTE: Your application, including financial information, shall remain confidential. Any documentation received will be retained in our office for a total of four (4) months following RCD. 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.

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 residents in home: _____

_____

_____

Is anyone living in the home disabled? ☐ Yes ☐ No

If yes, please explain special needs: _____

_____

_____

_____

_____

_____

_____

_____

Please select the combined annual income of residents. Include homeowner(s) and any additional occupant(s).

☐ Less than $20,000 ☐ $20,001-$30,000 ☐ $30,001-$40,000
☐ $40,001-$50,000 ☐ $50,001-$60,000 ☐ $60,001 or more

Are you employed? ☐ Yes, my employer is: _____

☐ No, I am not

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

If yes, who, and what is your relationship? _____

_____

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.

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 financial stability: statement of good standing from lender or copy of current mortgage statement showing no past due amount
- ☐ Proof of insurance: copy of current homeowner's insurance policy
- ☐ Proof of household income: latest federal and state tax return, three recent paycheck stubs or current Social Security statement, if applicable

Section 6: Waiver, Release of Liability, Indemnification

By submitting this application to become a Realtors® Care Day participant, I/we hereby release, waive, discharge, and covenant not to sue New Jersey Realtors®, New Jersey Realtors® Housing Opportunity Foundation, Mid 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 Realtors® 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.

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

Please submit this form in its entirety to events@midjerseyaor.com by **Saturday, August 1, 2026** for consideration.

For office use only:
Date Rcv'd: _____ HO Verified: ☐ Yes ☐ No County: _____ All Docs. Rcv'd: ☐ Yes ☐ No