



Department of Neighborhoods

Good Neighbor Program Application

Date: _____

Name of applicant: _____

Residing City Council District: _____

Birthdate of applicant: _____

Age of applicant: _____

Home address of applicant: _____

City: _____ State: _____ Zip: _____

Home phone: _____

Is the applicant disabled (yes/no)? _____

Is the applicant a veteran (yes/no)? _____

Is the applicant a widow or widower of a veteran (yes/no)? _____

REFERENCE

Please list the names, addresses, and phone numbers of a person you would like to use as character reference:

Name: _____

Address: _____

Email completed form to roman.aguilar@houstontx.gov.



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PLEASE READ THIS CAREFULLY BEFORE SIGNING:

The Good Neighbor Project appreciates your interest in partnering with the Department of Neighborhoods. The Good Neighbor Project is a program designed by the Department of Neighborhoods to help senior citizens and veterans maintain their private property by providing a free service to targeted citizens that meet the criteria of the program.

By signing below, applicant attests to the truthfulness of all information listed on this application. Applicant agrees to let DON validate all information provided and understand that the services provided will be provided by Career and Recovery Resources (CRR) UpRise program. The address listed in this application is the only address that will receive the services if the application is approved. The applicant understands that the services provided are free of charge, and only available when UpRise Participants are available. The applicant acknowledges that funding of the free services is provided by a Grant, and that services will terminate when Grant funds expire.

I certify that I have read and understood the program's rules, regulations, and agree to all terms.

Applicant's Signature

Date