

AKB - ASSISTING PEOPLE IN NEED HERE, THERE AND EVERYWHERE

ALLIANCE KINGDOM BUILDERS

An outreach of CHRISTIAN and MISSIONARY ALLIANCE CHURCH OF PARADISE (a California Non-Profit Corporation)

and a division of *G<sup>3</sup>* Ministry for Men

6491 Clark Road\*Paradise, CA 95969\*530.566.2288\*[www.AKBuilders.org](http://www.AKBuilders.org)

HOUSING ASSISTANCE PREQUALIFICATION FORM (HOMEOWNER/LANDOWNER)

HOMEOWNER/LANDOWNER INFORMATION

NAME(last) \_\_\_\_\_ NAME(first) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

YEAR HOME BUILT \_\_\_\_\_ IS THIS A MOBILE HOME \_\_\_\_\_ YEAR OF MANUFACTURE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS WHERE WORK IS TO BE PERFORMED

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

Description of Work Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**"Homeowner/Landlord Housing Assistance Authorization and Release"**

*"I hereby declare that I am the owner of the property described above. I hereby authorize volunteers from the CHRISTIAN and MISSIONARY ALLIANCE CHURCH of PARADISE and its outreach ministry ALLIANCE KINGDOM BUILDERS (collectively "AKB") to perform the work requested above. I hereby grant permission to AKB and its volunteers and agents to assess and perform requested tasks. I also acknowledge that any help that I may receive from Alliance Kingdom Builders is contingent upon available resources. I hereby release AKB and its volunteers and agents from any liability for loss to and/or damage to my property or to articles left on the premises whether by fire, theft or any other cause.*

*I understand that all inspections and work performed on my property are without any warranty and do hereby release and forever discharge and hold harmless AKB and its volunteers and agents from any and all liability, claims, and/or demand of whatsoever kind or nature either in law or in equity, which may result or may hereafter arise from any and all work that is done on my property by AKB.*

**PHOTOGRAPHIC RELEASE**

*I grant and convey unto AKB all rights, titles and interest in any and all photographic images, videos, and/or audio recordings of me, my family and/or my property made by and/or on behalf of AKB during the work performed by AKB and/or its workers including but not limited to, any royalties, proceeds, or other benefits derived from such photographs DVD's and/or recordings for or on behalf of AKB.*

*I have read, understand and accept the terms of this Housing Assistance Authorization and Release."*

**HOMEOWNER /LANDLORD**

NAME: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  
(please print)

PROJECT # \_\_\_\_\_

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HOUSING ASSISTANCE PREQUALIFICATION FORM (RENTER)		
<b>RENTER INFORMATION</b>		
NAME(last)_____	NAME(first)_____	
ADDRESS_____	CITY_____	ZIP_____
YEAR HOME BUILT_____	IS THIS A MOBILE HOME_____	YEAR OF MANUFACTURE_____
HOME PHONE_____	CELL PHONE_____	
EMAIL_____		

ADDRESS WHERE WORK IS TO BE PERFORMED

ADDRESS\_\_\_\_\_CITY\_\_\_\_\_ZIP\_\_\_\_\_

Description of Work Requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**“Renter/Tenant Housing Assistance Authorization and Release”**

*“I hereby declare that I am the renter of the property described above. I hereby authorize volunteers from the CHRISTIAN and MISSIONARY ALLIANCE CHURCH of PARADISE and its outreach ministry ALLIANCE KINGDOM BUILDERS (collectively “AKB”) to perform the work requested above. I hereby grant permission to AKB and its volunteers and agents to assess and perform requested tasks. I also acknowledge that any help that I may receive from Alliance Kingdom Builders is contingent upon available resources. I hereby release AKB and its volunteers and agents from any liability for loss to and/or damage to my property or to articles left on the premises whether by fire, theft or any other cause.*

*I understand that all inspections and work performed on my property are without any warranty and do hereby release and forever discharge and hold harmless AKB and its volunteers and agents from any and all liability, claims, and/or demand of whatsoever kind or nature either in law or in equity, which may result or may hereafter arise from any and all work that is done on my property by AKB.*

**PHOTOGRAPHIC RELEASE**

*I grant and convey unto AKB all rights, titles and interest in any and all photographic images, videos, and/or audio recordings of me, my family and/or my property made by and/or on behalf of AKB during the work performed by AKB and/or its workers including but not limited to, any royalties, proceeds, or other benefits derived from such photographs DVD's and/or recordings for or on behalf of AKB.*

*I have read, understand and accept the terms of this Housing Assistance Authorization and Release.”*

**RENTER/TENANT**

NAME: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  
*(please print)*

PROJECT # _____
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NEED HERE, THERE AND EVERYWHERE  
**KINGDOM BUILDERS**

An ou

ANCE CHURCH OF PARADISE (a California Non-Profit Corporation)

a division of *G<sup>3</sup>* Ministry for Men

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HOUSING ASSISTANCE PREQUALIFICATION FINANCIAL ASSESSMENT FORM		
NAME( <i>last</i> ) _____	NAME( <i>first</i> ) _____	
ADDRESS _____	CITY _____	ZIP _____
HOME PHONE _____	CELL PHONE _____	
EMAIL _____	DATE OF BIRTH _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
HOUSING <input type="checkbox"/> OWN/PURCHASING <input type="checkbox"/> RENTING HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____		
SPOUSE'S NAME( <i>last</i> ) _____	NAME( <i>first</i> ) _____	
LIST ALL OTHER INDIVIDUALS IN YOUR HOUSEHOLD		
NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
CURRENT ASSISTANCE: <input type="checkbox"/> SS <input type="checkbox"/> SSI <input type="checkbox"/> DISABILITY <input type="checkbox"/> AFCD <input type="checkbox"/> FOOD STAMPS <input type="checkbox"/> OTHER		
EMPLOYMENT HISTORY		
PRESENT/MOST RECENT EMPLOYER _____	POSITION _____	
ADDRESS _____	CITY _____	ZIP _____
IF UNEMPLOYED, ARE YOU SEEKING EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU HAVE PHYSICAL/EMOTIONAL ISSUES THAT KEEP YOU FROM MEETING YOUR FINANCIAL NEEDS?		
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN _____		
ARE YOU DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT IS YOUR DISABILITY? _____		
SPOUSE'S NAME( <i>last</i> ) _____	NAME( <i>first</i> ) _____	
SPOUSE'S PRESENT/MOST RECENT EMPLOYER _____	POSITION _____	
ADDRESS _____	CITY _____	ZIP _____
IF UNEMPLOYED, IS YOUR SPOUSE SEEKING EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		

PLEASE FILL IN ALL INFORMATION THAT APPLIES TO YOU. WRITE "N/A" IF DOES NOT.

GROSS MONTHLY INCOME SOURCE	AMOUNT	GROSS MONTHLY INCOME SOURCE	AMOUNT	MONTHLY TOTAL
EMPLOYMENT INCOME		SOCIAL SECURITY		
SOCIAL ASSISTANCE		SSI/DISABILITY		
CHILD SUPPORT		OTHER		
RETIREMENT				
	\$		\$	\$
MONTHLY EXPENSES	AMOUNT	MONTHLY EXPENSES	AMOUNT	
TITHES/CONTRIBUTIONS		RENT/MORTGAGE		
CAR PAYMENT		AUTO INSURANCE		
AUTO GAS/OIL		ELECTRIC/GAS/PROPANE		
WATER		FOOD		
PHONE		CABLE TV		
DAYCARE		CHILD SUPPORT		
CREDIT CARDS		SCHOOL LOANS		
BANK LOANS		OTHER		
	\$		\$	\$

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**ADDITIONAL INFORMATION**

Are you open to participate in a self-help program? Yes No If yes, what type of program?

Financial  Drug/Alcohol  Life Skills Class  Family: Marriage/Parenting   
Emotional:

*Anxiety/Depression/Anger*

I have the following abilities:

Hobbies \_\_\_\_\_

HOW WOULD YOU DESCRIBE YOUR RELATIONSHIP WITH CHRIST?

Seeker/Curious  Committed Christian  Agnostic  New Christian

I'm not sure what I believe.

I've been a Christian for a while but I need to grow closer to Christ.

Do you have a home church? Yes No If yes, name of  
church: \_\_\_\_\_

Pastor's name \_\_\_\_\_ May we contact your  
pastor/friends at your church? Yes No

Does your church know about your needs? Yes No

Do you attend regularly? Yes No How frequently? \_\_\_\_\_

Are you a member? Yes No

If no, would you like to attend PAC? Yes No I would be interested in  
being in a small group. Yes No

**"Housing Assistance Authorization and Release"**

"I authorize Alliance Kingdom Builders and Christian and Missionary Alliance Church of Paradise to contact any person to verify any and all information that I have provided. I also acknowledge that any help that I may receive from Alliance Kingdom Builders is contingent upon available resources. I further hereby release Christian and Missionary Alliance Church of Paradise and Alliance Kingdom Builders and their employees, agents and volunteers from any and all liability that may result from any assistance that I may receive."

NAME: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  
(please print)

PROJECT # \_\_\_\_\_

9.20.11