



**Neighborhood Services Division
Surprise Day of Service Application**

Applicant		
Owner/Occupant		Date of Birth:
Neighborhood Name:		Home Address
City	State	Zip Code
Mailing Address: (If different from above):		
Social Security #	Cell Phone #	Home phone #
Email address:		

- Do you consider your family low-income? Yes__ No__
- Are there household members over the age of 60? Yes__ No__ How many?__
- Are there children under the age of 18 in the home? Yes__ No__ How many?__
- Are there family members with disabilities in the home? Yes__ No__ How many?__
- Family size?__

Disclaimer

The undersigned hereby acknowledges that any discussion, or sharing of data or other information with any City employee regarding the Surprise Day of Service is for evaluation only, and is not to be construed as a binding commitment being offered by the City of Surprise to provide any type of service to the undersigned or any other person(s).

The City of Surprise may deny an application and prohibit an applicant from future participation in this program if he knowingly makes a false statement or a misrepresentation in an application or in support of an application for assistance or causes such a false statement or misrepresentation to be made.

Indemnification

The undersigned hereby releases, waives and covenants not to sue, and further agrees to indemnify, defend and hold harmless the City of Surprise, its elected and appointed officials, employees, agents, contractors, and volunteers (“Indemnified Party” or “Indemnified Parties”) from and against any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense (including court costs and reasonable attorney’s fees) of any kind or nature which may arise out of, result from, or relate in any way to your participation in the Surprise Day of Service Program, .



There is no guarantee your application will be accepted even if you qualify for services. Projects will be selected based on availability, level of need and funding. If you are renting, you must first obtain permission from the owner to consent to city employees or volunteers entering the property and performing the work.

Applicant signature _____ **Date** _____

Application taken by _____ **Date** _____

Please e - mail to larry.garcia@surpriseaz.gov or hand-deliver your completed application and supporting documents to: City of Surprise Human Service & Community Vitality, Senior Services Division, 15832 N. Hollyhock St. Surprise, AZ 85378. For questions call (623) 222-1522. *Esta información está disponible en español. Llame (623) 222-1522.*

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

- ___ Proof of occupancy (recent utility bill, lease, property tax bill, or similar document)
- ___ Copy of Notice of Violation or Citation issued by the City of Surprise Code Enforcement or any other violations issued by the HOA (if applicable)
- ___ Copy of Driver's license or State Issued I.D.

PLEASE DESCRIBE WHAT NEEDS TO BE DONE AND WHY YOU CANNOT PERFORM THE DUTIES INDEPENDENTLY

Applicant Signature

Date

City Representative Signature

Date