



ROOF RESPONDERS PROJECT

giving back to those who give so much

APPLICATION FORM

- **LAW ENFORCEMENT OFFICERS**
- **FIREFIGHTERS**
- **EMERGENCY MEDICAL TEAM**



ROOF RESPONDERS PROJECT

- Law Enforcement Officers
- Firefighters
- Emergency Medical Team

ELIGIBLE COUNTIES: Madison, Hinds, Copiah, Rankin, and Warren

First Responder is defined as someone who is responsible for protecting life, property, evidence, and the environment during the early stages of an incident (i.e. those that respond to the 911 call). This includes Law Enforcement Officers (local, state, and federal firearm-carrying sworn officers), Firefighters, Emergency Medical Technicians/Paramedics/Emergency Medical Services, Search and Rescue Teams, etc. All of these individuals are eligible regardless of paid or volunteer status.

Non-sworn or administrative personnel with these departments are NOT eligible (office managers, dispatchers, HR, etc.).

- Owens Corning donates the material and PPCs donate the labor
- PPCs identify candidates
- Application given to candidates by PPC only if PPC will provide labor
- Candidate must provide the following in the application:
 - First Responder ID
 - Paystub
 - Retirement Paperwork
 - Copy of a Driver's License
 - Copy of current mortgage statement (or property tax receipt to confirm ownership)
 - Submit to background check
 - Sign media release
- Candidate must not have received insurance claims for roof damage
- Local media outreach in each market
- Stories highlighted through Owens Corning and PPC channels (website, social, etc.)

This application must be completed in full and with all supporting documentation to be eligible for the Watkins Construction & Roofing Roof Responders Project. Incomplete applications will be ineligible and voided.



FIRST RESPONDER CONTACT INFORMATION

First Responder's First Name: _____ Last: _____ MI: _____

Date of Birth: _____ Marital Status: S ___ M ___ D ___ W ___

Cell Phone: _____ Email: _____

Home Address: _____ City: _____ State: _____ Zip: _____

How long have you lived at this address? _____

Do you own your home? Y ___ N ___ Do you rent your home? Y ___ N ___

Total Number of people living in your home: _____

Number of children under the age of 18 living in the home: _____

If there are people in your home that are not immediate family, please explain:

Please select the First Responder type:

Law Enforcement Officer Firefighter EMT/Paramedic First Responder Spouse

FIRST RESPONDER EMPLOYMENT

Agency Division: _____ Date of Hire: _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Cell Phone: _____

SPOUSE INFORMATION

Spouse First Name: _____ Last: _____

Date of Marriage: _____

Place of Employment: _____ Occupation: _____

Cell Phone: _____ Email: _____

DEPENDENT INFORMATION

Dependent First Name: _____ Last: _____ DOB: _____

Gender: _____ Relationship to Applicant: _____

SECONDARY POINT OF CONTACT

First Name: _____ Last: _____ Relationship: _____

Cell Phone: _____ Email: _____

If you've been paid for an insurance roof claim or are currently involved with an insurance roof claim, you are not eligible for the Roof Responders Project.

FIRST RESPONDER FINANCIAL INFORMATION

Have you exhausted your annual leave? Y __ N __

Have your co-workers donated time to assist you? Y __ N __

Do you have Short-Term Disability? Y __ N __

Do you have Long-Term Disability? Y __ N __

Was this a work-related injury? Y __ N __

Are you receiving Workman's Comp benefits? Y __ N __

If yes, what date was your injury? _____

Who is your case manager with Workman's Comp? _____

Cell Phone: _____ Email: _____

PERSONAL FINANCIAL STATEMENT

This statement and any application-supporting schedules may be filed jointly by both married and unmarried applicants, if their assets and liabilities are sufficiently joined so that the statement can meaningfully and fairly presented on a combined basis.

ASSETS

Cash: Checking Account \$ _____

Cash: Savings Account \$ _____

Certificates of Deposit: \$ _____

Securities: \$ _____
(stocks/bonds/mutual funds)

Life Insurance: \$ _____
(cash surrender value)

Notes / Contracts Receivable: \$ _____

Personal Property: \$ _____
(autos, jewelry, etc.)

Retirement Funds: \$ _____
(IRA's, 401k, etc.)

Real Estate: \$ _____
(market value)

Other Assets (specify): \$ _____

Total Assets: \$ _____

LIABILITIES

Current Debt: \$ _____
(credit cards, accounts, etc.)

Notes Payable (describe): \$ _____

Taxes Payable: \$ _____

Real Estate Mortgages: \$ _____

Other Liabilities (specify): \$ _____

Total Liabilities: \$ _____



FIRST RESPONDER FINANCIAL INFORMATION continued

Gross Monthly Salary: Applicant \$ _____ Spouse \$ _____ TOTAL: \$ _____

Base Salary: \$ _____

Overtime: \$ _____

Off-Duty: \$ _____

Commissions: \$ _____

Bonuses: \$ _____

Dividends/Interest: \$ _____

Other: _____

Combined Monthly Expenses

Rent/Mortgage: \$ _____

Food: \$ _____

Utilities: \$ _____

Educational Expenses: \$ _____

Insurance: \$ _____

Credit Cards/Notes Payable: \$ _____

Other: _____

TOTAL: \$ _____

ADDITIONAL INFORMATION

Reason for Assistance Request: _____

Describe in 3-4 sentences the condition of your roof: _____

What is the roof age? _____

Are you currently involved with a roof claim or have been paid for an insurance roof claim? Y ___ N ___

ATTACHMENTS

The following documents must be attached to the application:

- First Responder ID **UPLOAD HERE**
- Last 3 Paystubs **UPLOAD HERE**
- Last 3 Checking Account Bank Statements **UPLOAD HERE**
- Last 3 Savings Account Bank Statements **UPLOAD HERE**
- Last 3 years of Federal Income Tax Returns **UPLOAD HERE**
- Last 3 years of State Income Tax Returns **UPLOAD HERE**
- Retirement Paperwork **UPLOAD HERE**
- Copy of a Driver's License **UPLOAD HERE**
- Copy of Current Mortgage Statement (or property tax receipt) **UPLOAD HERE**
- Photos of roof condition and/or interior damage (2-5 photos) **UPLOAD HERE**
- Picture of front of home (1-2 photos) **UPLOAD HERE**



AUTHORIZATION TO RELEASE MEDICAL & FINANCIAL RECORDS

I hereby authorize any authorized representative of First Responders of Mississippi bearing this release, or copy thereof, to obtain any information in your files pertaining to my **MEDICAL RECORDS**, including: history, diagnosis, treatment, and prognosis. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of First Responders of Mississippi. I hereby release you, as the custodian of such records, and any physician, hospital, or other repository related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

I hereby authorize any authorized representative of First Responders of Mississippi bearing this release, or copy thereof, to obtain any information in your files pertaining to my **FINANCIAL RECORDS**, to include all bank records, federal and state income tax returns and records, credit or credit union records, or records of any other financial transactions. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Police Officer Assistance Trust. I hereby release you, as the custodian or repository of financial records, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempts to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Applicant First Name: _____ Last: _____ DOB _____

Home Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Secondary Phone: _____

Applicant Signature: _____ Date: _____

NOTARY

Notary First Name: _____ Last: _____

Signed and sworn to (or affirmed) before me on _____ by (name) _____.

He or she is personally known to me or has produced _____ (type of identification).

Notary Signature: _____