

IN TIME OF NEED

Furniture Distribution Program Application Form

sponsored by The JAHMA Foundation and Thomasville Furniture Galleries

When completing this application, please consider the following:

- Neither the JAHMA Foundation nor Thomasville Furniture Galleries can anticipate what category of furniture (i.e., bedroom, kitchen, living room) may be available at any given time
- The program anticipates making one award per month, more frequently if furniture is available.
- Please recommend only the most needy resident/resident family in need of furniture from your residency site.
- Only completed applications submitted to: Dr. Bruce W. Johnson, JAHMA Foundation, P.O. Box 740, Washington Crossing, PA 18977 will be considered.
- Indication of approval or rejection of application will be provided within thirty (30) days of receipt of completed application. Anticipated delivery date may or may not be provided at the same time.
- Delivery will be made directly to the resident's home without cost to the resident or the management company.
- Every effort will be made to inform the residency site management company personnel of the delivery date and time twenty-four (24) hours in advance of actual delivery.
- Each individual JAHMA affiliated property is limited to five (5) application submissions to this program per calendar year.

Resident/Resident Family in Need Head of Household

Name of Housing Site

Street Address of Resident/Resident Family in Need

City, State, Zip Code

(_____) _____
Home Phone Number

Move in date of Resident/Resident Family in Need

Type of Furniture most needed (Example: bedroom)

PERMISSION TO PUBLICIZE NAME AND PHOTOGRAPH – If I am awarded furniture through the **IN TIME OF NEED** program, I give my permission to the JAHMA Foundation to use my name and/or photograph in publicity releases.

Resident's Signature

Date

AGREEMENT NOT TO RESELL FURNITURE – If I am awarded furniture through the **IN TIME OF NEED** program, I hereby agree to not sell, exchange, or otherwise give away the awarded furniture for a period of five (5) years.

Resident's Signature

Date

In addition to providing basic biographical data and information, this document also certifies a resident/resident family's residency is in good standing with their Site Management Company. The recommending property manager's signature below ensures that the resident/resident family in need is in good financial standing and not in violation of any lease requirement where they reside.

Name of Recommending Property Manager (Please Print)

(_____) _____
Phone Number of Property Manager

Signature of Recommending Property Manager

Contact Person at Site on Day of Delivery

(_____) _____
Phone Number

On a separate piece of company letterhead stationery, please provide a narrative that describes the circumstances that have placed the recommended resident/resident family in need of furniture, number of people in the household over the age of 18, number of people in the household under the age of 18, your perception of the degree of need and your perception of the urgency of need.

JAHMA Member Affiliated Property Site Management Company Name

Address of Management Company if different from residence site

Name of approving Management Company Officer (please print)

Signature of approving Management Company Officer

FORWARD BOTH DOCUMENTS TO: DR. BRUCE W. JOHNSON, JAHMA FOUNDATION, P.O. BOX 740, WASHINGTON CROSSING, PA 18977