

**Housing Resources, Inc.  
Tool Loan Center  
Membership Agreement**

2500 West Capitol Drive  
Phone: 449-0705

**Section I – Personal Information**

<b>Name (print):</b>		
<b>Home Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>WI Driver's License/State ID:</b>	
<b>Previous Home Address if less than 3 years:</b>		

**Section II – Employment Information**

<b>Employer:</b>		
<b>Employer's Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Work Phone:</b>	<b>Position:</b>	
<b>Previous Employer if less than 3 years:</b>		

1. I understand that this program is intended solely for individuals who own their own residential property and that I am not a professional contractor.
2. I agree that any tools and equipment I borrow will be used only at the address designated and solely for the purpose for which they were manufactured and intended.
3. I agree that a representative of the Tool Loan Center has the right to come to the identified address to verify the tools are being used at the correct address.
4. I agree to save, hold harmless and indemnify Housing Resources, Inc., its Board, and staff against any and all liability or loss whatsoever resulting from the use of the tools.
5. I agree to immediately cease using any tool if it is unsafe or in disrepair and return it to the Tool Loan Center.
6. I agree to return the tools and equipment to the Tool Loan Center in the same condition received.
7. I agree to return the tools and equipment on or before the date scheduled for return and to pay for all damages and/or losses resulting to the tool(s) and equipment while in my possession.
8. In the event I fail to return borrowed equipment by the stated due date, I agree to pay the Tool Loan Center any late fees incurred. Further, I understand that failure to return any tools may result in Housing Resources, Inc. taking legal action or contacting a collection agency.
9. I understand that this membership is valid for one year from the date of this application.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Tool Loan Center Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>Membership paid by:</b>	<input type="checkbox"/>	<b>Check</b>	<input type="checkbox"/>	<b>Cash</b>	<b>Received by:</b>
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