

The National Rural Self-help Housing Association seeks to get your story posted on its website, Self-Help Housing Spotlight (<a href="https://www.selfhelphousingspotlight.org">www.selfhelphousingspotlight.org</a>). Please complete the Self-Help Housing Spotlight Photo and Story Release Form. Also, complete the contact information and briefly answer the questions below. Use the reverse

You	or FAX to Should you have questions, contact at at  I may email the signed release and survey to or FAX to Should you have any questions, p  . You will be contacted if further information is needed and if your story has been selected to be posted. Thank you	please call
	<del></del>	
	eowner(s) Name(s):  City:  State:	Zip:
ay Ph	Phone: Evening Phone:	
-mail	il Address:	
elf-he	elp Housing Agency:	
1.	When did you move into your home <b>OR</b> when are you scheduled to complete and move into your home	e?
2.	How did you find out about the self-help homeownership program?	
3.	What specifically about your home do you <b>OR</b> did you look forward to once you move(d) in?	
4.	What was your housing situation like before Self-Help housing?	
5.	At this stage in your life, what compelled you to become a self-help homeowner?	
6.	Who assisted you in building your home?	
7.	What does homeownership mean for you (and your family)?	
8.	How will you feel once you get the keys to your new home OR how did you feel after getting the keys to home?	o your new
9.	Did you ever think you would become a homeowner?	

## **Self-Help Housing Spotlight Photo & Story Release Form**

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representatives, executors, administrators, or any other persons acting on my behalf or on behalf of
my estate have or may have by reason of this authorization.
I am 21 years of age and am competent to contract in my own name. I have read this release before
signing below and I fully understand the contents, meaning, and impact of this release.
(Signature)
(Printed Name)
(Date)
If the person signing is under age 21, there must be consent by a parent or guardian, as follows:
I hereby certify that I am the parent or guardian of, named above, and
do hereby give my consent without reservation to the foregoing on behalf of this person.
(Parent/Guardian's Signature)
(t ment Guardian's Dignature)
(Parent/Guardian's Printed Name)
(Date)