

SELF HELP EQUIPMENT USAGE AGREEMENT

Date: _____

Resident Name: _____

Address: _____

Phone Number: Primary: _____ Alternate: _____

I understand by signing this agreement that I will return the borrowed Items within the agreed amount of time unless borrowed on the weekend which will be returned the next business day. I also agree that should I fail to return any or all items that I will be held financially responsible for these items at the replacement cost and I will no longer be allowed to borrow items from the Self Help. I understand that I am responsible for returning all items in the same condition as it was in when I borrowed it/them or I will be held financially responsible for repairs or replacement at current costs. I understand that I will not be credited for returning borrowed items until this sheet is signed off by a Self Help official and returned to me.

I would like to borrow the following items from the Self Help Store:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Resident Signature: _____

For Office Use Only

Date of return: _____

Self Help Signature: _____

Pint Name: _____

Condition of Equipment on Return: _____