



ONE MISSION. ONE COMMUNITY.

4601 Richard Kisling Drive
Las Vegas, NV 89115

NFH RESIDENT EQUIPMENT AGREEMENT

Date: _____

Resident Name: _____

Address: _____

Phone: _____

Email: _____

I understand that by signing this agreement that I will return the borrowed items within the agreed amount of time unless borrowed on the weekend.

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 will be held financially 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 the 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. _____

For Office Use Only

Date of return: _____

Self Help Signature: _____

Print Name: _____

Condition of Equipment Upon Return: _____