



Home Repair Application Form

GENERAL INFORMATION

Head of Household Contact Info:

First Name _____ Last Name _____

Email Address _____

Phone # _____ Type: HOME/LANDLINE CELL/MOBILE

Alt Phone # _____ Type: HOME/LANDLINE CELL/MOBILE

Best Contact Method (*circle one*): PHONE EMAIL MAIL Best time to call: _____

Property Location

Address _____

City _____ State _____ Zip Code _____

Mailing Address (if different from above)

Address _____

City _____ State _____ Zip Code _____

Detailed directions to your Home from County Seat:

Has **Experience Mission** ever worked on your home? YES NO

Are you willing to let **EM** share your application with other home repair agencies?
(EM will only do this if another organization may be able to help.) YES NO

HOUSEHOLD INFORMATION

Year house was built: _____ How many years have you lived in this home? _____

Do you own your home? YES NO
(For informational purposes only. Will not affect selection process.)

Do you own the land? YES NO
(For informational purposes only. Will not affect selection process.)

If home or land is rented, please provide name, phone and address of owner:

Owner's Name _____ Owner's Phone # _____

Address _____

City _____ State _____ Zip Code _____

People living in the house:

Provide full name and birth year of everyone residing in the home. Please also indicate if they are a military veteran.

Are there people in the home who would be able to help work? YES NO

Are you able to help purchase some of the materials? YES NO

Note: *Experience Mission is not always able to cover all materials costs. If you are not able to help with the purchase of materials this could affect your house being selected.*

Number of people with disabilities living in the household: _____

Monthly household income: _____

HOME DETAILS

Type of home (*circle one*): HOUSE MOBILE HOME/TRAILER OTHER

Number of bedrooms: _____ Number of bathrooms: _____

Do you have electrical service? YES NO

Who is the electrical service provider? _____

Water source (*circle one*): TOWN WATER WELL CISTERN SPRING NONE OTHER

Wastewater disposal (*circle one*): SEPTIC GREY WATER PIT SEWER OTHER

Heat source: _____

REPAIRS REQUIRED

Please prioritize the needed repairs on the home and describe the top four repairs you would like to submit in this application. **Label each priority repair with one of the following terms:**

FOUNDATION	INSULATION	ROOF	WHEELCHAIR RAMP
UNDERPINNING	EXTERIOR WALLS	WINDOWS	ELECTRICAL
SIDING	INTERIOR WALLS	DOORS	PLUMBING
FLOORS	CEILINGS	PORCH OR STEPS	ROOM ADDITION NEEDED

Priority #1: _____

Brief Explanation:

Priority #2: _____

Brief Explanation:

Priority #3: _____

Brief Explanation:

Priority #4: _____

Brief Explanation:

Additional comments?