

Hope in the Hills of Warren

2015 Homeowner Application for Home Repair

Name _____ Phone Number _____

Address _____

City, State, Zip Code _____

Email _____ Church Affiliation (if any) _____

Do you own your home? Yes No Is this your primary residence? Yes No

Your home is located in Franklin Township Mansfield Township Oxford
 Washington Borough Washington Township

Household Income: up to \$20,000/year \$20,000 - \$40,000/year over \$40,000/year

Are you Over age 70, Over age 80, Disabled Number of people in Household _____

Have you received help from us before? Yes No - If yes, what year(s)? _____

Is there a pet in the home? Yes No If yes, what kind _____

Please briefly describe the work you would like to have done:

Homes will be visited by an evaluator to assess the scope of work and materials required before HHW can make a final decision on acceptance/eligibility. Work is selected based upon HHW available funds, volunteer recruitment and time estimated to complete the project. **Completing, signing and submitting this application does not guarantee that work will be done.**

Signature: _____ Date: _____

Optional: I give my permission for Hope in the Hills of Warren to speak with the person listed below regarding this application:

Name: _____ Phone: _____

Relationship to Homeowner: _____