

Project Restore Application



General Information

Name: _____ County: _____

Mailing address _____
(DO NOT USE PO Box)

City _____ State _____ Zip code _____

E-mail address: _____

Telephone Number: _____ () Cell () Home

Directions to your home from a major highway: _____

Have you applied to Project Restore before? (Circle one) YES or NO If so, when?

If an organization referred you to Project Restore, please list their name:

Are you willing to let Project Restore share this application with other home repair agencies? YES or NO

Those in Your Household

Please list everyone who lives in your home at least some of the time, including yourself:

Year Born

Gender (M / F)

Disabled?
(Y / N)

Veteran?
(Y / N)

Total household income: \$ _____ **per month.** (Include all sources of income, including Social Security, SSI, alimony, and other benefits.)

Information About Your Home

Do you own the home? YES or NO Do you own the land? YES or NO

Was your home damaged by any of the following? (Circle any that apply) FIRE, FLOOD, or STORM

What year was the home built? _____ How long have you lived in this home? _____

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

Number of rooms in home: Bedrooms: _____ Bathrooms: _____ Total rooms: _____

Does your home have electricity? YES or NO

Does your home have running water? YES or NO

Repairs Requested

Which item(s) in your home are in need of repair? Please briefly describe the need for each repair.

Siding / Exterior walls _____

Floors _____

Insulation _____

Inside Walls / Ceilings _____

Windows / Doors _____

Porch or steps _____

Electrical / Plumbing _____

Other _____

Comments or Additional Information:

Verification

To the best of my knowledge, I certify that the information in this application is true and correct, and that the home listed is my primary residence. I understand that Project Restore is a program that is a subsidiary of a non-profit ministry that is only able to assist a small percentage of those who apply. If selected, I may be asked to show documents that verify the ownership of the above stated property.

Signature of Applicant

Date

For Office Use Only

Date of initial home visit: _____ Visited by: _____

(If not visited, write N/A) Call needed? Y N

Date of call: _____ Referral source: _____

Notified of status? Y N Date notified: _____