

# Washington County Helping Hands, Inc.

PO Box 483, Salem, IN 47167

## Home Repair Application

Thank you for your interest in Washinton County Helping Hands, Inc. Critical Home Repair Program! If you have questions about qualifications, please call Angie Wilson at (812) 883-1266.

### FAMILY INFORMATION

The person whose name is on the application below must be one of the people who legally owns and lives in the house to be repaired.

<b>Applicant</b>  Legal Name:  What would you like to be called?	<b>Social Security Number</b>  Driver's License # & State	<b>Date of Birth</b>
<b>Co-Applicant</b> (all deed holders are applicants and must sign the application)  Name:	<b>Social Security Number</b>  Driver's License # & State	<b>Date of Birth</b>

### CONTACT INFORMATION

Residential Address where you live and where the repair work will be done

City State Zip Code How long have you lived here? Is the mortgage paid off? If no, how much is the monthly payment?

Mailing Address (only if different than Residential Address) City State Zip Code

Home Phone Cell Phone, Applicant Cell Phone, Co-Applicant Alternate Phone

Email Address, Applicant Email Address, Co-Applicant

### List ALL people that live in the home (including applicants)

Name	Date of Birth	Relationship to Applicant	Gross Monthly Income	Type of Income

Any other real estate that you own? \_\_\_\_\_

How did you find out about the Home Repair program? If you were referred by someone, please let us know their name. \_\_\_\_\_

Is anyone in your household a US Veteran or currently serving in the Armed Forces? Yes/No Who? \_\_\_\_\_ 1

**PROPERTY INFORMATION**

When did you buy your house? \_\_\_\_\_

What year was your home built in? (leave this blank if you don't know) \_\_\_\_\_

**Please circle all of the items needing repairs or maintenance:**

Roof

Windows

Doors

Porch

Paint

Fence

Gutters and Downspouts

Tree Trimming

Siding and Trim

Outdoor drainage

Other repairs not listed: \_\_\_\_\_

Name of mortgage holder \_\_\_\_\_

Are you current on your mortgage? \_\_\_\_\_

1. Is anyone in the house disabled, elderly, or special needs? \_\_\_\_\_

2. Current Employer and phone number \_\_\_\_\_

If not employed, why? \_\_\_\_\_

3. Have you reached out to any other entities for this project? \_\_\_\_\_

If you were denied, why? \_\_\_\_\_

Monthly Expenses:

Mortgage \_\_\_\_\_

Utilities (include gas, electric, water, phone, internet, cable) \_\_\_\_\_

Insurance: \_\_\_\_\_

Insurance Company name and phone number: \_\_\_\_\_

Is your home insurance current? \_\_\_\_\_

Have you received any type of assistance in the last 6 months? If yes, please describe: \_\_\_\_\_

Willingness to partner with WCHH, Inc.

	Yes	No
Will you return phone calls and submit paperwork in a timely manner?		
Will you contribute a combination of sweat equity hours and payment to help fulfill Washington County Helping Hands Inc. mission?		
Will you be at your home at all times and working on Washington County Helping Hands, Inc. related activities while work is being completed on your home?		
Will you fully prepare the site in advance for volunteers and contractors? This includes temporarily removing items from your yard and the sides of your house, relocating outdoor pets, mowing the lawn and eliminating weeds and making outdoor areas near the house easily accessible.		
Will you be present and engaged with volunteers and contractors working on your home?		
Will you work on a team with people you don't know, including Helping Hands staff, volunteers, donors and others?		

Privacy Policy:

We collect information from you when you fill out your application for assistance. The information provided may be used to determine eligibility, perform background checks, process applications, obtain funding for your project and to help us serve you better.

We will protect your information. We will not sell your information to a third party nor disclose your identifiable information unless it is a trusted source and for the purpose of providing you the assistance in which you seek. By signing this application, you acknowledge and provide consent to our privacy policy.

\*All applicants are subject to a background and sex offender check for convictions of crimes against children or violent crimes. Qualifications for the program are based off of the of the application, proof of home ownership and valid insurance. Washington County Helping Hands Inc., reserves the right to verify any information provided on this application. By signing below, you are giving consent to Washington County Helping Hands, Inc. to verify this information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant Signature

\_\_\_\_\_  
Date

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