

Application for Home Repair

General Information

Complete this form in person at Good Neighbors's office at 67 KY Route 1107, Van Lear, KY 51265 or send a completed paper copy to P.O. Box 640, Staffordsville, KY 41256. For assistance, please call Good Neighbors, Inc. at (606) 887-0082. Office Hours: Tuesdays & Wednesdays 10 am - 5 pm

Name:		County: _	_ County:				
Address: (Physical 911- Do Not Us	se PO Box)						
(City)	ty) (State)			(Zip code)			
E-mail address:							
Cell / Primary phone: ()			Other phone	e: ()			
Best time to contact?			Preferred method of contact?				
Employer (Required for Approval)	Da	tes of Emp	loyment		Contact Name & P	hone	
Have you applied to Good Neighbor	ors before? (c	ircle one)	YES NO	If so, when	?		
Has Good Neighbors ever worked	on your hom	e? YES	NO If s	so, when?			
If an organization referred you to G	ood Neighbo	ors, please l	ist their name	:			
Are you willing to let Good Neighl	bors share th	is applicati	on with other	home repair a	gencies? YES NO)	
	Those	e in You	r Househo	ld			
Please list everyone who lives in	your home a	ıt least son	ne of the time	, including yo	ourself:		
Name	Year Born	Gender	Disabled? (Y / N)	Veteran? (Y / N)	Employed (Y / N)		
_							
Total household income: \$_ income, including Social Security,			th. (Include all benefits.)	ll sources of			
Total household expenses: <u>\$</u> expenses to the best of your ability	.)	_per mont	h. (Include al	ll sources of			

Information About Your Home Do you own the home? YES NO Was your home damaged by any of the following? (circle any that apply) FIRE FLOOD STORM What year was the home built?_____ How long have you lived in this home?_____ Type of home (circle one): MOBILE HOME/TRAILER HOUSE OTHER Number of rooms in home: Bedrooms: _____ Bathrooms: _____ Total rooms: _____ Does your home have electricity? YES NO Does your home have running water? YES NO References Please list three references. Relationship: Full Name: Phone: Company (if applicable): Relationship: Full Name: Company (if applicable): Phone: Full Name: Relationship: Phone: Company (if applicable): **Repairs Requested** Which item(s) in your home are in need of repair? Please briefly describe the need for each repair. Foundation/Underpinning _____ Porch/ Steps/ Ramp Siding/ Exterior walls Windows/ Doors Roof Floors ____Inside Walls/ Ceilings Kitchen Bathroom _____Electrical/ Plumbing Room addition needed Other

Comments or Additional Information:

Your Situation - Why I Need Help

Tell us a little about you and your family, what events landed you in this situation and how you and your family are affected by the current condition of your home?

Example: I'm a single mom to three girls ages 9, 15 and 16. I work two jobs but after my expenses I don't have much left. My AC unit went out 2 years ago and I'm still paying for it and just had to buy a new starter for my car. Water leaks in my 9 year old's room and the ceiling looks like it's going to fall. My toilet leaks and the floor around it is soft. We have to shut the water off when we're not using it. Any help would be greatly appreciated, I just can't afford a new roof, but I'm worried about the black mold the leaks are causing. We stay sick all the time.
If you need more room to write the back is blank
Verification
To make this a completed application you need to have a photo copy of your ID and proof of income. If you cant make a photo copy on your own bring in the documents and we can make a copy at our office.
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 Good Neighbors is a non-profit ministry that is only able to assist a small percentage of those who apply. I may be asked to show documents that verify this information on this form. If selected, applicant agrees to abide by Good Neighbors' Expectation form prior to the start of work.
Signature Date Mail to: Good Neighbors Inc.

PO Box 640, Staffordsville, KY 41256