

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:						
Address: (Physical 911- Do Not U	se PO Box)						
(City)	(State)			(Zip code)			
E-mail address:							
Cell / Primary phone: ()	Primary phone: ()			Other phone: ()			
sest time to contact?			Preferred method of contact?				
ave you applied to Good Neighbors before? (circle one)			YES NO	If so, when			
Has Good Neighbors ever worked	on your hom	e? YES	NO If	so, when?			
f an organization referred you to C	Good Neighbo	ors, please l	ist their name	e:			
Are you willing to let Good Neigh	bors share th	is application	on with other	home repair a	gencies? YES N	ON	
	Those	e in Your	· Househo	old			
Please list everyone who lives in	your home a	nt least som	e of the time	e, including yo	ourself:		
Name	Year Born	Gender	Disabled? (Y / N)	Veteran? (Y / N)	Employed (Y / N)		
						_	
						-	
						-	
						-	
Total household income: \$				all sources of			
Total household expenses: \$ expenses to the best of your ability		_per mont	h. (Include	all 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: Company (if applicable): Phone: Full Name: Relationship: 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 can't 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 Mail to: Good Neighbors, Inc.

PO Box 640, Staffordsville, KY 41256