

## APPALACHIAN OUTREACH CENTER HOME REPAIR APPLICATION

NAME (LAST FIRST, MI)	PHONE	STREET ADDRESS (Not P.O.Box)	CITY	STATE	ZIP CODE

COUNTY

LIST ALL MEMBERS OF THE HOUSEHOLD. IF MORE SPACE IS NEEDED, PLEASE USE A SEPARATE SHEET OF PAPER.

NAME(INCLUDE SELF)	RELATION TO YOU	LAST 4 DIGITS OF SOCIAL SECURITYNUMBER	AGE	GENDER	RACE	VETERAN	INCOME TYPE (PER PERSON)	MONTHLY INCOME	ANNUAL GROSS INCOME
	Self	XXX-XX-							
		XXX-XX-							
		XXX-XX-							
		XXX-XX-							
		XXX-XX-							

HAVE YOU APPLIED FOR HOME REPAIR SERVICES WITH APPALACHIAN OUTREACH BEFORE?  YES  NO IF YES, WHAT YEAR? \_\_\_\_\_  
 HAS APPALACHIAN OUTREACH EVER WORKED ON YOUR HOME?  YES  NO IF YES, WHAT YEAR? \_\_\_\_\_  
 HOW LONG HAVE YOU LIVED IN YOUR HOME? \_\_\_\_\_

TYPE OF LOAN:  
 TRADITIONAL MORTGAGE     RENT-OR-LEASE-TO-OWN  
 LAND CONTRACT             OWN PROPERTY

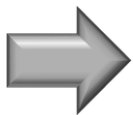
TYPE OF HOME:  
 FRAME    What year was home built? \_\_\_\_\_  
 MOBILE HOME - Single Wide  Double Wide

DO YOU OWN PROPERTY OTHER THAN YOUR RESIDENCE?  YES  NO  
 IF YES, WHERE? \_\_\_\_\_  
 HAVE YOU FILED BANKRUPTCY?  YES  NO IF YES, WHEN? \_\_\_\_\_

HAVE YOU APPLIED FOR SERVICES WITH OTHER ORGANIZATIONS?  YES  NO  
 IF YES, NAME OF ORGANIZATION \_\_\_\_\_  
 DATE APPLIED \_\_\_\_\_ DATE WORK WAS COMPLETED \_\_\_\_\_

MONTHLY EXPENSES	AMOUNT	MONTHLY INCOME	AMOUNT
MORTGAGE		PAYROLL CHECK STUB	
FOOD		SSI/SSDI AWARD LETTER	
TRANSPORTATION/AUTO LOAN		RETIREMENT	
PHONE/CELL		VETERAN AWARD	
CABLE/SATELLITE		UNEMPLOYMENT	
ELECTRICITY		CHILD SUPPORT	
WATER		AFDC/FAMILIES FIRST	
HEATING/GAS		FOOD STAMPS	
MEDICAL BILLS/MEDICATION		WIC	
OTHER LOANS		OTHER	
INSURANCES(CAR/LIFE/HEALTH)		OTHER	

**PLEASE INCLUDE A COPY OF EACH DOCUMENT LISTED BELOW WITH YOUR APPLICATION:**



- ✓ CURRENT MORTGAGE PAYMENT AND DEED OR TITLE
- ✓ CURRENT UTILITY BILL
- ✓ PROOF OF INCOME OF EVERY PERSON IN HOUSEHOLD
- ✓ STAMPED PAID RECEIPT OF CURRENT YEAR PROPERTY TAX
- ✓ VEHICLE REGISTRATION FOR ALL VEHICLES

OFFICIAL USE ONLY	
DATE RECEIVED _____	TOTAL ANNUAL INCOME _____
PROJECT STATUS _____	TOTAL MONTHLY INCOME _____
PROJECT NUMBER _____	TOTAL MONTHLY EXPENSES _____
	REMAINING BALANCE _____

**PLEASE COMPLETE THE FRONT AND BACK OF THE APPLICATION, SIGN, DATE, AND RETURN THIS FORM WITH ALL REQUESTED INFORMATION TO:  
 APPALACHIAN OUTREACH, P.O. BOX CN-71904, JEFFERSON CITY, TN 37760  
 FOR QUESTIONS, PLEASE CALL 865-475-5611**

## APPALACHIAN OUTREACH CENTER HOME REPAIR APPLCIATION

### DESCRIPTION OF NEED:

<input type="checkbox"/> <b>ROOF</b>	<input type="checkbox"/> <b>DECK</b>	<input type="checkbox"/> <b>RAMP</b>	<input type="checkbox"/> <b>EXTERIOR PAINTING</b>
<input type="checkbox"/> <b>YARD WORK</b>	<input type="checkbox"/> <b>INTERIOR PAINTING</b>	<input type="checkbox"/> <b>GENERAL CLEANING</b>	<input type="checkbox"/> <b>OTHER:</b> Please attach description on a separate sheet.

### DIRECTIONS TO HOME:

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### IMPORTANT INFORMATION:

- ALL NECESSARY DOCUMENTS MUST BE RECEIVED WITH YOUR COMPLETED APPLICATION.
- THE APPLICATION WILL NOT BE PROCESSED UNLESS ALL REQUIRED DOCUMENTATION IS RECEIVED.

### PLEASE READ AND SIGN THE STATEMENT BELOW:

I HEARBY UNDERSTAND THAT ANY WORK PERFORMED BY APPALACHIAN OUTREACH IS ON A VOLUNTEER BASIS, AS ONE NEIGHBOR HELPS ANOTHER. MANY OF THE VOLUNTEERS ARE UNSKILLED IN NATURE, BUT WORK TOGETHER TO HELP THOSE IN NEED. I AGREE TO NOT HOLD APPALACHIAN OUTREACH, CARSON-NEWMAN UNIVERSITY, OR INDIVIDUAL VOLUNTEERS RESPONSIBLE FOR THE QUALITY OF SERVICES PERFORMED, AND UNDERSTAND THAT ALL EFFORTS WILL BE MADE TO ACHIEVE QUALITY RESULTS.

I GRANT APPALACHIAN OUTREACH, ITS REPRESENTATIVES AND EMPLOYEES, THE RIGHT TO TAKE PHOTOGRAPHS OF ME, MY FAMILY AND MY PROPERTY. I AUTHORIZE APPALACHIAN OUTREACH, ITS ASSIGNEES AND TRANSFEREES, TO COPYRIGHT, USE, AND PUBLISH THE SAME IN PRINT AND/OR ELECTRONICALLY. I AGREE THAT APPALACHIAN OUTREACH MAY USE SUCH PHOTOGRAPHS OF ME AND/OR MY FAMILY, WITH OR WITHOUT MY NAME AND FOR ANY LAWFUL PURPOSE, INCLUDING FOR EXAMPLE SUCH PURPOSE AS PUBLICITY, ILLUSTRATION, ADVERTISING, AND WEB CONTENT.

I AFFIRM THAT ALL INFORMATION I PROVIDE IS TRUTHFUL TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT APPALACHIAN OUTREACH DOES CHECK PUBLIC RECORDS TO CONFIRM ALL PROVIDED INFORMATION.

\_\_\_\_\_  
SIGNATURE HOME OWNER #1

\_\_\_\_\_  
SIGNATURE HOME OWNER #2

\_\_\_\_\_  
DATE

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