|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME (LAST, FIRST, MI)** | **PHONE** | **STREET ADDRESS (Not P.O.Box)** | **CITY** | **STATE** | **ZIP CODE** |
| **LIST ALL MEMBERS OF THE HOUSEHOLD. IF MORE SPACE IS NEEDED, PLEASE USE A SEPARATE SHEET OF PAPER.** |  |  |  |  |  |
| **COUNTY** |
|  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 AMOS BEFORE?  YES  NO IF YES, WHAT YEAR? \_\_\_\_\_\_\_\_\_\_\_\_

HAS AMOS EVER WORKED ON YOUR HOME?  YES  NO IF YES, WHAT YEAR? \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |  |

HOW LONG HAVE YOU LIVED IN YOUR HOME? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TYPE OF LOAN**: Please note: Only Traditional Loans qualify for this program.

TRADITIONAL MORTGAGE  OWN PROPERTY

MOBILE HOME LOT RENTAL (Please send copy of current receipt)

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\_\_\_\_\_\_\_\_\_\_\_\_\_ \* Documents needed in order to process your application

|  |
| --- |
| **OFFICIAL USE ONLY** |
| **DATE SENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL ANNUAL INCOME\_\_\_\_\_\_\_\_\_\_\_\_\_\_****DATE RECEIVED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL MONTHLY INCOME\_\_\_\_\_\_\_\_\_\_\_\_\_****PROJECT NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_ TOTAL MONTHLY EXPENSES\_\_\_\_\_\_\_\_\_\_\_****PROJECT STATUS\_\_\_\_\_\_\_\_\_\_\_\_\_\_ REMAINING BALANCE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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

* **CURRENT MORTGAGE PAYMENT OR TITLE**
* **DEED**
* **CURRENT UTILITY BILL**
* **PROOF OF INCOME OF EVERY PERSON IN HOUSEHOLD**
* **STAMPED PAID RECEIPT OF CURRENT YEAR PROPERTY TAX**

|  |  |  |  |
| --- | --- | --- | --- |
| * **ROOF**
 | * **DECK**
 | * **RAMP**
 | * **EXTERIOR PAINTING**
 |
| * **YARD WORK**
 | * **INTERIOR PAINTING**
 | * **GENERAL CLEANING**
 | * **OTHER:** Attach a separate sheet.
 |

**DESCRIPTION OF NEED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIRECTIONS TO HOME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 understand that any work performed by Appalachian Ministries of the Smokies (AMOS) is on a volunteer basis, as one neighbor helps another. Many of the volunteers are unskilled workers but work together to help those in need. I agree that I am accepting the services of AMOS and the workers willingly, and I will not hold AMOS, Carson-Newman University, or workers responsible for the quality of any services performed. I understand that the intention is to provide quality work, but I agree to accept the work and the results “as is” with no warranty.

I grant AMOS and its representatives and employees permission to create and use photographs or other images, video recordings, or audio recordings of me and my family for any lawful purpose, including publicity, advertising, or educational purposes, whether on the Internet or otherwise, and whether with or without names or other identifying information.

I affirm that all information I provide is truthful to the best of my knowledge, and I understand that AMOS checks public records to confirm the information I have provided.

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE HOME OWNER #1 SIGNATURE HOME OWNER #2 DATE