

APPALACHIAN MINISTRIES OF THE SMOKIES (AMOS) HOME REPAIR APPLICATION

NAME (LAST, FIRST, MI)	PHONE	STREET ADDRESS (Not PO Box)	CITY	STATE	ZIP CODE
EMAIL ADDRESS:				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 AMOS BEFORE?
 HAS AMOS EVER WORKED ON YOUR HOME?
 HOW LONG HAVE YOU LIVED IN YOUR HOME? _____

YES NO
 YES NO

IF YES, WHAT YEAR? _____

IF YES, WHAT YEAR? _____

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 _____

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**

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	

* Documents needed in order to process your application

OFFICIAL USE ONLY	
DATE SENT _____	TOTAL ANNUAL INCOME _____
DATE RECEIVED _____	TOTAL MONTHLY INCOME _____
APPLICATION # _____	TOTAL MONTHLY EXPENSES _____
PROJECT # _____	REMAINING BALANCE _____

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

APPALACHIAN MINISTRIES OF THE SMOKIES (AMOS) HOME REPAIR APPLICATION

<input type="checkbox"/> ROOF	<input type="checkbox"/> DECK	<input type="checkbox"/> RAMP	<input type="checkbox"/> EXTERIOR PAINTING
<input type="checkbox"/> YARD WORK	<input type="checkbox"/> INTERIOR PAINTING	<input type="checkbox"/> GENERAL CLEANING	<input type="checkbox"/> 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

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