



H.E.L.P.

Received by: _____

Date: _____

Application for Home Repair



Senior Citizen Disabled ****A social security and /or a Veteran's Disability Statement must be attached****

I. APPLICANT INFORMATION

Name: _____ Date of Birth: _____ Age: _____

Community: _____ Enrollment #: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

911/Physical Address & Directions to your home: _____

Does the Applicant: Own: Mortgage: Rent: (Please attach a long term lease of 10+years or life-time estate)

Have you previously applied for home repairs through the HELP Program? Yes No

II. PLEASE LIST EVERYONE CURRENTLY LIVING IN YOUR HOME

Name	Enrollment #	Age	Relationship

III. PLEASE SPECIFY HOME REPAIR NEEDS

ALL HANDICAP ACCESSORIES/MODIFICATIONS REQUIRE A DOCTOR'S NOTE

IV. SIGNATURE

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification. I have to provide documentation to support this application. Failure to provide correct information could result in services being denied. I allow the release of information for verification purposes.

Signature of Applicant (Or Guardian): _____ Date: _____

****PLEASE COMPLETE ALL SECTIONS. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED****

OFFICE USE ONLY

HELP Rep. : _____	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
HELP Rep. : _____	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
HELP Rep. : _____	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
HELP Rep. : _____	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>

