

Appalachia Service Project, Inc.

ASP Tri-Cities

4523 Bristol Highway, Johnson City, TN 37601
(423) 854-8800 ext. 239

Application for Home Repair

DATE: _____ COUNTY: _____

NAME: _____ PHONE: (____) _____

(Mailing Address)

(911 or Physical Address)

(City) (State) (Zip) (City) (State) (Zip)

HOME IS LOCATED: IN CITY LIMITS _____ IN COUNTY _____

TYPE OF HOME: HOUSE MOBILE HOME OTHER: _____

DESCRIPTION OF HOME: (example: third white house w/ red shutters past gas station, on right) _____

IS THE HOME OR PROPERTY RENTED? YES NO IF YES, WHAT IS RENTED? HOME PROPERTY BOTH

IF HOME OR PROPERTY IS RENTED, PLEASE INCLUDE LANDLORD INFORMATION:

LANDLORD NAME: _____

PHONE: (____) _____

(Landlord's Mailing Address)

(City) (State) (Zip)

REFERRED BY (AGENCY): _____

AGENCY CONTACT PERSON: _____ PHONE: (____) _____

Household Information

TOTAL HOUSEHOLD MONTHLY INCOME: \$ _____

SOURCE OF INCOME: EMPLOYMENT SSI/DSSI RETIREMENT OTHER: _____

TOTAL NUMBER OF HOUSEHOLD MEMBERS IN RESIDENCE: _____

NUMBER OF HOUSEHOLD MEMBERS OVER AGE 60: _____

ADULT PROTECTIVE SERVICES INVOLVEMENT: YES NO

NUMBER OF HOUSEHOLD MEMBERS UNDER AGE 18: _____

CHILD PROTECTIVE SERVICES (DCS) INVOLVEMENT: YES NO

MARITAL STATUS: MARRIED SINGLE SEPARATED DIVORCED WIDOW(ER) OTHER: _____

TOTAL NUMBER OF HOUSEHOLD MEMBERS WITH A PHYSICIAN DOCUMENTED DISABILITY IN RESIDENCE: _____

ARE YOU REQUESTING DISABILITY ACCESS MODIFICATIONS? YES NO

WHEELCHAIR RAMP BATHROOM MODIFICATION OTHER: _____

PEOPLE IN HOUSEHOLD:

<u>NAME</u>	<u>AGE</u>	<u>NAME</u>	<u>AGE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICATIONS WILL BE KEPT ON FILE FOR 2 YEARS AFTER RECEIPT

(OVER)

Home Details

NUMBER OF ROOMS IN HOME: TOTAL _____ BEDROOMS: _____ BATHROOMS: _____

NAME OF ELECTRICAL SERVICE PROVIDER: _____

NAME OF GAS PROVIDER (if applicable): _____

WASTE WATER DISPOSAL: SEPTIC GRAY WATER PIT CITY SEWER OTHER: _____

HEAT SOURCE: FURNACE: ELECTRIC / GAS / OIL HEAT PUMP BASEBOARD OTHER: _____

WATER SOURCE: WELL CITY WATER OTHER: _____

Repairs Requested

EXAMPLE:

1ST PRIORITY: roof PROBLEM DESCRIPTION: there is a hole in the roof above the kitchen

2ND PRIORITY: bathroom PROBLEM DESCRIPTION: floor rotting because of leaking toilet

1ST PRIORITY: _____ PROBLEM DESCRIPTION: _____

2ND PRIORITY: _____ PROBLEM DESCRIPTION: _____

3RD PRIORITY: _____ PROBLEM DESCRIPTION: _____

4TH PRIORITY: _____ PROBLEM DESCRIPTION: _____

ADDITIONAL REPAIRS REQUESTED: _____

HAVE ANY REPAIRS BEEN MADE TO THE RESIDENCE IN THE PAST FIVE YEARS? YES NO

IF YES, PLEASE EXPLAIN: _____

OTHER COMMENTS (INCLUDING ADDITIONAL CONTACT INFORMATION): _____