

Appalachia Service Project, Inc.

4523 Bristol Highway, Johnson City, TN 37601

(423) 854-8800

For Office Use Only

Date of initial home visit _____ (If not visited, write N/A and send letter)
Selected? Y N If no, why? _____
Call needed? Y N Letter needed? Y N Date of call or letter _____
Referral source notified of status? Y N Date _____ How notified? _____

Application for Home Repair

Date: _____ County: _____

Name: _____ Phone: (____) _____

(Mailing address)

(911 or physical address)

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

E-mail address: _____

DETAILED directions to home from county seat: _____

Have you applied to ASP for work on your home before? (circle one) YES NO If so, when? _____

Has anyone representing ASP ever visited your home? YES NO

Has ASP ever worked on your home? YES NO If so, when? _____

Agency referred by: _____

Contact person: _____ Phone: (____) _____

Household Information

How long have you lived in this home? _____ What year was the home built? _____

Do you own the home? YES NO Do you own the land? YES NO

If the home or land is rented, please include contact information for the owner:

Landlord's Name: _____ Phone: (____) _____

(Landlord's mailing address)

(Landlord's 911 or physical address)

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

People living in household:

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Number of people living in household with disabilities: _____

Total household income: \$ _____ (monthly)

(turn over)

Are you willing to let ASP share this application with other home repair agencies? YES NO

Home Details

Type of home (circle one): House Mobile Home/Trailer Other: _____

Number of rooms in home: Total: _____ Bedrooms: _____ Bathrooms: _____

Do you have electrical service? YES NO If so, who is the provider? _____

Water source: Town water Well Cistern Spring None Other: _____

Wastewater disposal: Septic Gray water pit Sewer Other: _____

Heat source: _____

Repairs Requested

Number in order of priority: Description (including photos of problem areas is encouraged):

___ Foundation _____

___ Underpinning _____

___ Siding _____

___ Floors _____

___ Insulation _____

___ Exterior walls _____

___ Interior walls _____

___ Ceilings _____

___ Roof _____

___ Windows _____

___ Doors _____

___ Porch or steps _____

___ Wheelchair ramp _____

___ Electrical _____

___ Plumbing _____

___ Room addition needed _____

___ Other: _____

Comments: _____

In order to prove ownership of the property, please include a copy of your deed.