**CSP Application for Home Repair**

**Return your completed application to the College Service Project Chapter at**

**(insert CSP address here)**

**General Information**

Name: County:

*(Your mailing address or PO Box)*

*(City) (State) (Zip Code)*

*(911 address of your home. DO NOT USE PO Box)*

*(City) (State) (Zip Code)*

E-mail address:

Cell / Primary phone: ( )

Other phone: ( )

Directions to your home from county seat:

Have you applied to CSP before? *(circle one)* YES NO If so, when?

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

If an organization referred you to CSP, please list their name:

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

Those in Your Household

**Please list everyone who lives in your home at least some of the time, including yourself:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Year Born | Gender (M/F) | Disabled? (Y/N) | Veteran? (Y/N) |
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**Turn Over**

**Total household income: $ per month.**

*(Include all sources of income, including Social Security, SSI, alimony, and other benefits)*

**Information About Your Home**

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

If you rent, give landlord’s name & phone:

Was your home damaged by any of the following? *(circle any that apply)* FIRE FLOOD STORM

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

Type of home: *(circle one)* MOBILE HOME/TRAILER HOUSE OTHER

Number of rooms in home: Bedrooms Bathrooms Total Rooms

Does your home have electricity? YES NO Does your home have running water? YES NO

**Repairs Requested**

**Which item(s) in your home are in need of repair? Please briefly describe the need for each repair.**

Foundation

Underpinning

Siding / Exterior Walls

Floors

Insulation

Inside Walls / Ceilings

Roof

Windows / Doors

Porch or Steps

Wheelchair Ramp

Handicap Modifications

Electrical / Plumbing

Room Addition Needed

Other

Comments or Additional Information:

**Verification**

To the best of my knowledge, I certify that the information in this application is true and correct, and that the home listed is my primary residence. I understand that CSP is a non-profit ministry that is only able to assist a small percentage of those who apply. If selected, I may be asked to show documents that verify this information.

*Signature Date*