



**For Office Use Only**

Date of initial home visit: \_\_\_\_\_ Visited by: \_\_\_\_\_ (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? \_\_\_\_\_

**General Information**

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

**People living in household:**

Name	Veteran? (Y/N)	Year Born	Name	Veteran? (Y/N)	Year Born
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Number of people living in household with disabilities: \_\_\_\_\_

Total household income: \$ \_\_\_\_\_ (monthly)

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.