

Home Repair Application

* Required

1. In what county does the homeowner live? *

Mark only one oval.

Greenville

Anderson

Pickens

Oconee

None of these *Skip to "We Apologize. We are unable to provide assistance outside our service area.."*

Home Repair Application

2. Are you requesting assistance or referring someone? *

Mark only one oval.

Requesting Assistance *Skip to question 8.*

Referring Someone *Skip to question 3.*

Referring Individual

Only for individuals referring someone other than themselves.

3. Name of Referring Individual

4. What referring agency, if any, do you represent?

5. Referring Phone Number

6. Referring Email

7. Who is the best contact?

Mark only one oval.

- Referring Individual
- Homeowner
- Other: _____

Homeowner/Renter Information

8. Homeowner First Name *

9. Homeowner Last Name *

10. Date of Birth *

Example: December 15, 2012

11. Phone Number *

12. Email

13. Address *

14. City *

15. Zip Code *

Household Information

16. How many people live in the home? *

Mark only one oval.

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- More than 8

17. Are there children under the age of 12 in the home? *

Mark only one oval.

- Yes
- No

18. Are there other adults in the home? *

Mark only one oval.

- Yes
- No

19. Please list all individuals other than the homeowner living in the home (Name, DOB, and Income from employment, self-employment, Social Security Income, Social Security Disability, Retirement or Pension Plan, Alimony, Child Support, Unearned Income, etc.) If there are no others please write "NA" (Not Applicable). *

20. Total Monthly Income of All Household Members *

21. Does the homeowner have a disability that hinders or prevents them from living safely inside their home? *

Mark only one oval.

- Yes
- No

22. **Is there a dependent with a disability that hinders or prevents them from living safely inside their home? ***

Mark only one oval.

- Yes Skip to question 23.
 No Skip to question 23.

Home Information / Repairs Requested

23. **Do you own or rent the home? ***

Mark only one oval.

- Own
 Rent

24. **Please check the option that best describes your house. ***

Mark only one oval.

- My house is on a slab.
 My house has a crawlspace.
 My house has a basement.
 My house is a mobile home.

25. **Can you get in and out of your home safely? ***

Mark only one oval.

- Yes
 No

26. **If no, click all that apply to your needs. ***

Check all that apply.

- Not Applicable
 Steps and/or Handrails
 Deck
 Ramp
 Other: _____

27. **Does your roof leak? ***

Mark only one oval.

- Yes
 No

28. If so, how do you know it's leaking? (Drywall warping or discolored, ceiling has hole, roof has hole, etc...)

29. Can you walk throughout your house without risk of falling through the floors? *

Mark only one oval.

Yes

No

30. Do you have at least one fully functional bathroom? (Toilet and shower or tub) *

Mark only one oval.

Yes

No

31. Does your electricity work throughout the house? *

Mark only one oval.

Yes

No

32. Does the heating and air conditioning in your home work? *

Mark only one oval.

Yes

No

33. Other repair needs

Stop filling out this form.

We Apologize. We are unable to provide assistance outside our service area.

Please call 211 to find resources in your area.