

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. **Do you have homeowner's insurance or a letter from an insurance company stating what repairs are needed to get insurance? ***

Mark only one oval.

- Yes
- No

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

Mark only one oval.

- Yes
- No

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

Check all that apply.

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

28. Does your roof leak? *

Mark only one oval.

- Yes
- No

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

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

Mark only one oval.

- Yes
- No

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

Mark only one oval.

- Yes
- No

32. Does your electricity work throughout the house? *

Mark only one oval.

- Yes
- No

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

Mark only one oval.

- Yes
- No

34. Other repair needs

35. Who is your gas provider? *

Mark only one oval.

- Blossman Gas and Appliance
- C and M Gas Co
- City of Toccoa
- Drake Gas Co
- Fort Hill Natural Gas
- Freeman Gas
- Itron Inc
- Piedmont Natural Gas
- Stuart Energy
- Wilson Gas Service
- Other
- Do not know/NA

36. If you answered other, please provide the name of your gas provider.

37. Who is your water provider? *

Mark only one oval.

- Greenville City
- Anderson Regional Joint Water System
- Belton- Honea Path Water Authority
- Big Creek Water District
- Broadway Water and Sewer
- The City of Belton, SC
- The City of Pickens
- City of Walhalla Water and Sewer Department
- Easley Combined Utilities
- Homeland Park Water
- Itron Inc
- Pioneer Rural Water District
- Powdersville Water District
- Seneca Light and Water
- Six Mile Water District
- Well
- West Anderson Water District
- Other
- Do not know/NA

38. If you answered other, please provide the name of your water provider.

39. Who is your electricity provider? *

Mark only one oval.

- Blue Ridge Electric
- Duke Energy
- Easley Combined Utilities
- Itron Inc
- Laurens Electric
- Seneca Light and Water
- Other
- Do not know/NA

40. If you answered other, please provide the name of your electricity provider.

41. On average, how much do you pay for utilities (gas + water + electricity) per month? *

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.

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