

# Home Repair Application

\* Required

1. In what South Carolina county is the home located? \*

*Mark only one oval.*

Greenville

Anderson

Pickens

Oconee

None of these

*Skip to section 26 (We Apologize. We are unable to provide assistance outside our service area.)*

## Sex Offender

2. Is any resident or frequent guest of the home a registered sex offender? \*

*Mark only one oval.*

Yes

*Skip to section 25 (We Apologize. We are unable to provide services to homes with sex offenders in them. If this status changes, you are welcome to reach back out to submit an application.)*

No

## Home Repair Application

3. Are you requesting assistance for yourself or referring someone else? \*

Mark only one oval.

- Requesting Assistance    *Skip to question 8*
- Referring Someone    *Skip to question 4*

Referring Individual

Only for individuals referring someone other than themselves.

4. Name of Referring Individual \*

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

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6. Referring Phone Number \*

---

7. Referring Email

---

Homeowner/Renter Information

8. Homeowner First Name \*

---

9. Homeowner Last Name \*

---

10. Date of Birth \*

\_\_\_\_\_  
*Example: January 7, 2019*

11. Phone Number \*

\_\_\_\_\_

12. Can we send text messages to this phone number? \*

*Mark only one oval.*

Yes

No

13. Email

\_\_\_\_\_

14. Address \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. City \*

\_\_\_\_\_

16. Zip Code \*

---

17. Do you live within the city limits? \*

*Mark only one oval.*

Yes

No

18. Secondary Contact Name (Someone outside of the home)

---

19. Secondary Contact Phone Number

---

20. Is the homeowner disabled? \*

*Mark only one oval.*

Yes

No

Household Information

21. How many people live in the home? \*

*Mark only one oval.*

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

22. Total Combined Monthly Income of All Household Members \*

---

23. Have you had a payday loan in the last 6 months? \*

*Mark only one oval.*

- Yes
- No

24. Would you be interested in assistance with budgeting and other resources besides home repair? \*

*Mark only one oval.*

- Yes
- No

25. Does someone else live in the home full time? \*

*Mark only one oval.*

Yes

No *Skip to question 53*

### Resident 2

26. Name \*

---

27. Date of Birth \*

---

*Example: January 7, 2019*

28. Is this person disabled? \*

*Mark only one oval.*

Yes

No

29. Does someone else live in the home full time? \*

*Mark only one oval.*

Yes

No *Skip to question 53*

### Resident 3

30. Name \*

---

31. Date of Birth \*

---

*Example: January 7, 2019*

32. Is this person disabled? \*

*Mark only one oval.*

Yes

No

33. Does someone else live in the home full time? \*

*Mark only one oval.*

Yes

No *Skip to question 53*

#### Resident 4

34. Name \*

---

35. Date of Birth \*

---

*Example: January 7, 2019*

36. Is this person disabled? \*

*Mark only one oval.*

Yes

No

37. Does someone else live in the home full time? \*

*Mark only one oval.*

Yes

No *Skip to question 53*

#### Resident 5

38. Name \*

---

39. Date of Birth \*

---

*Example: January 7, 2019*

40. Is this person disabled? \*

*Mark only one oval.*

Yes

No



41. Does someone else live in the home full time? \*

*Mark only one oval.*

Yes

No *Skip to question 53*

### Resident 6

42. Name \*

---

43. Date of Birth \*

---

*Example: January 7, 2019*

44. Is this person disabled? \*

*Mark only one oval.*

Yes

No

45. Does someone else live in the home full time? \*

*Mark only one oval.*

Yes

No *Skip to question 53*

### Resident 7

46. Name \*

---

47. Date of Birth \*

---

*Example: January 7, 2019*

48. Is this person disabled? \*

*Mark only one oval.*

Yes

No

49. Does someone else live in the home full time? \*

*Mark only one oval.*

Yes

No     *Skip to question 53*

### Resident 8

50. Name \*

---

51. Date of Birth \*

---

*Example: January 7, 2019*

52. Is this person disabled? \*

*Mark only one oval.*

Yes

No

### Veteran / Military Service

53. Is one of the residents of the home a veteran or has served in the military? \*

*Mark only one oval.*

Yes

No

### Home Information - Own or Rent

Home ownership means my name is on the deed.  
Rent means I rent any portion of the home, land, etc. or in a rent-to-own agreement

54. Do you own or rent the home? \*

*Mark only one oval.*

Own

Rent    *Skip to question 60*

### Home Ownership Information

55. How long have you owned the home? \*

*Mark only one oval.*

Less than 2 years

2-7 years

7+ years

56. Do you own any other properties? \*

*Mark only one oval.*

Yes

No

57. Are there any liens / loans against the home or a second mortgage on the home? \*

*Mark only one oval.*

Yes

No

58. Do you have insurance on the home? \*

*Mark only one oval.*

Yes

No

59. Is anyone outside of the home listed on the deed? \*

*Mark only one oval.*

Yes

No

### Mobile Home

60. Is your home a mobile home? \*

*Mark only one oval.*

Yes    *Skip to question 61*

No    *Skip to question 62*

### Mobile home

61. What year was your mobile home manufactured? \*

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### Utilities

62. 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 / No Service

63. Who is your water provider? \*

*Mark only one oval.*

- 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
- Greenville City
- Homeland Park Water
- Itron Inc
- Pioneer Rural Water District
- Powdersville Water District
- Sandy Springs Water District
- Seneca Light and Water
- Six Mile Water District
- Well Water
- West Anderson Water District
- Other

64. 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

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

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*Skip to question 66*

**Programs  
and  
Repairs**

Aging In Place - This program is for homeowners who need modifications to help them stay safe in their home. (Grab bars, Handrails, Handheld Shower Head, etc.)

Accessibility & Safety Improvements for Disabilities - This program is for homeowners who have a disability and need assistance getting around. (Ramps, Walk in showers, Widening Doors, etc.)

Home Repairs - This program is for homeowners with structural repair needs. (Roof, Electrical, HVAC, Floors Falling In, Plumbing, Windows, Doors, Siding, etc.)

Weatherization - This program is for folks who need repairs to help lower monthly utility bills. (Caulk windows, Insulation, etc.)



66. What is your most critical repair needed? \*

*Mark only one oval.*

- Aging in Place
- Accessibility & Safety Improvements for Disabilities *Skip to question 69*
- Home Repairs *Skip to question 74*
- Weatherization *Skip to question 77*

### Aging in Place

67. How many falls have you had in the home? \*

*Mark only one oval.*

- None
- One
- Two or more

68. Are you requesting assistance with one or more of the following items? \*

*Check all that apply.*

- Steps / Handrails
- Grab Bars
- Trip Hazards
- Raised Toilet Seat
- Shower Chair

### Accessibility & Safety Improvements for Disabilities

69. Is your assistive device (walker / wheelchair) able to pass through the doorways of the bathroom and bedroom? \*

*Mark only one oval.*

Yes

No

70. Is your assistive device (walker / wheelchair) able to pass through the front door? \*

*Mark only one oval.*

Yes

No

71. Can you safely get outside and at least ten feet away from your home or attached structures (deck, stairs) in the event of an emergency? \*

*Mark only one oval.*

Yes

No

72. On average over the last month, how often must you leave your home each week for medical appointments? \*

*Mark only one oval.*

None

One

Two or more

73. Are you requesting assistance with one or more of the following items? \*

*Check all that apply.*

- Ramp
- Walk in Shower
- Change Door Knobs to Handles
- Taller Toilet
- Handicap Accessible Sink
- Widen Doorways

### Home Repairs

74. Are there environmental hazards in your home? (Mold, Lead, Asbestos, etc.) \*

*Mark only one oval.*

- Yes
- No

75. Is there a lack of barrier to the exterior of your home? (Hole in the roof, Hole in the floor, Hole in the wall, Missing door/window, etc.) \*

*Mark only one oval.*

- Yes
- No

76. Are you requesting assistance with one or more of the following items? \*

*Check all that apply.*

- Roof
- Windows/Doors
- Siding
- Deck
- Floors - Bathroom
- Floors - Bedroom/Living Room/Kitchen
- Plumbing
- Electrical
- Heating and Cooling

### Weatherization

77. How many bedrooms does your home have?

*Mark only one oval.*

- One to Two
- Three
- Four or more

78. Are you requesting assistance with one or more of the following items? \*

*Check all that apply.*

- Drafty Doors / Windows
- Attic / Crawl Space Insulation
- Water Pipe Insulation
- Vapor Barrier
- Water Conservation

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Please call 211 to find other resources in your area.

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