



CRITICAL REPAIR APPLICATION

Date: _____

Name: _____

Address: _____

Phone: _____

City, State, Zip: _____

Household Monthly Income: _____

Additional Family Income: _____

Family Size living in home: _____

Do you own this house? _____

Is this a mobile home? _____

Length of time in home: _____

Social Security Number: _____

Date of Birth: _____

Is there a Veteran living in the home full time? _____

Was the Veteran generally or honorably discharged? _____

Referred By: _____

Type of Repairs Needed *(Check all that apply)*

<input type="checkbox"/> Exterior Door/Interior Repair (#____)	<input type="checkbox"/> Roofing (How many leaks: _____)
<input type="checkbox"/> Accessibility (Wheelchair ramp, rails)	<input type="checkbox"/> Window Repair (How many: _____)
<input type="checkbox"/> Siding Repair	<input type="checkbox"/> Electrical Repair
<input type="checkbox"/> Plumbing Repair	<input type="checkbox"/> HVAC Repair
<input type="checkbox"/> Drywall Repair	<input type="checkbox"/> Other (Please describe):

Additional Comments:

Homeowner Signature: _____

Date: _____

FOR OFFICE USE ONLY – OWNERSHIP VERIFICATION UPON APPROVAL

Proof of Ownership _____

Proof of Income/employment _____