



HOME REPAIR APPLICATION

INITIAL CONTACT:

Date: _____ Interviewer: _____

Name: _____

Address: _____ City/State/Zip: _____

Day time telephone #: _____ Alternate telephone # (cell): _____

How did you find out about the program (or referral)? _____

INITIAL SCREENING TEST

Do you own your home? ____ Yes ____ No Name(s) on Deed of Trust: _____

How many live in the home? _____ Do you live within Knoxville City limits? ____ Yes ____ No

What is the gross household income? (Each member's gross income)

Resident 1: _____ Income: _____

Resident 2: _____ Income: _____

Resident 3: _____ Income: _____

2008 HUD Income Limits

#	<u>Income</u>	#	<u>Income</u>	#	<u>Income</u>
1	\$20,500	4	\$29,250	7	\$36,250
2	\$23,400	5	\$31,600	8	\$38,600
3	\$26,350	6	\$33,950		

Nature of work needed: _____ Roof _____ Ext. Paint _____ Ramp _____ Repair Steps, Porch, Rails
 _____ Floor new vinyl (room- _____) _____ Floor rotten (room- _____)

Other: _____

Comments: _____

Is any work/repair requests an emergency that needs to be done immediately? ____ Yes ____ No

If yes, what is the nature of that work?

Office Use Only

Ownership and city residency verified: _____ (Date and initials)

City taxes ID # _____

Notes and Referrals _____
