



LITTLE ACTS OF LOVE

Application for Home Repairs

Name _____ Phone _____

Address _____ Date of Birth _____

City _____ State _____ ZIP _____

If completed by someone other than the homeowner, please provide the following information:

Name _____ Phone _____ Relationship _____

Organization _____

Who referred you for the home repair services (if different than above)? _____

1. Marital status (circle one): Married Widowed Divorced Separated Single

2. Do you own the home you live in (circle one)? Yes No

3. Are your property taxes paid to date (circle one)? Yes No

4. Please list all the household members who live with you. (List additional information on back of this form.)

NAME	AGE	RELATIONSHIP TO APPLICANT

5. Please list an emergency contact

Name _____ Phone _____ Relationship to the Applicant _____

6. Please list any health problems or disabilities (especially if receiving SSDI) to which we should be alerted:

7. Please describe the top priority for work you would like done on your home: _____

8. What is your average monthly household income*? _____

*Please **attach proof of homeownership (monthly mortgage statement or deed) and documentation of the income of each member of your household** for the immediately preceding 12 months, e.g., paystubs, pension, Social Security, Social Security Disability Income (SSDI), Supplemental Security Income (SSI) payments. This information should **include yourself and all other household members**.

9. Please read the following paragraph, then sign and date this application.

*My signature indicates that I understand that LITTLE ACTS of LOVE work crew members are volunteers, and that the work done on the homes is done by teenage students under adult supervision and adult volunteers. I understand that their work may not be of professional quality, and that LITTLE ACTS of LOVE may not be able to complete all the work I am requesting. I also understand that my house may or may not be selected for work. In addition, if my house is selected, I hereby agree to hold LITTLE ACTS of LOVE, its board of directors, its staff and its affiliated organizations, harmless of and from any and all liability of whatever nature may arise out of or result from their work. **Furthermore, I understand that my stated income and all information above are accurate, and if I provide fraudulent information, LITTLE ACTS of LOVE has the right to deny services to my household.***

Signature _____ Date _____

Mail completed application to:
Little Acts of Love
P.O. Box 120
Wernersville, PA 19565