

COVER Home Repair Application



Please check appropriate box:

What is the best way to contact you?

- | | | |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Home Repair | <input type="checkbox"/> Wood Frame | <input type="checkbox"/> Phone _____ |
| <input type="checkbox"/> Accessibility Ramp | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Text _____ |
| <input type="checkbox"/> Weatherization | | <input type="checkbox"/> Email _____ |

Name _____

Street Address _____ Town _____ State _____

Mailing Address _____ Town _____ State _____

Occupants of Home

Age

ALL Estimated Monthly Income

Occupants of Home	Age	ALL Estimated Monthly Income

TOTAL INCOME FROM ALL SOURCES _____

Veterans living in the home: _____

Brief Description of home repair, accessibility needs or weatherization requested:

Directions to your house:

Color of home or distinctive features:

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION.

COVER Home Repair Application

MONTHLY EXPENSES

Expense

Estimated Monthly Amount

<input type="checkbox"/> Mortgage <input type="checkbox"/> Rent	
<input type="checkbox"/> Property Taxes <input type="checkbox"/> Lot Rent	
Electric	
Heating Fuel	
Propane	
Telephone	
Medical & Prescriptions	
Car Payments & Insurance	
Credit Card Debt	
Other (please explain)	

Additional resources such as property, investments, savings: _____

ALTERNATE CONTACT (If any) who may discuss this application for you:

Name _____ Relationship _____

Email _____ Phone _____

AGENCY CONTACT (If any):

Name _____ Agency _____

Email _____ Phone _____

How did you hear about COVER? _____

Would you like to receive our newsletter or COVER updates? Yes _____ Not at this time _____

Additional Comments:

A COVER representative will contact you for a phone intake to assess the project. COVER is a staff-led, volunteer powered organization. Applications are prioritized by need, geographic location, and/or availability of labor, funds and materials.

Applicant Signature: _____ **Date:** _____