



For Office Use Only

Date of initial home visit _____ (if not visited, write N/A and send letter)
Previous work (other organization) _____
Accepted: Y N Why? _____
Called needed? Y N Letter needed? Y N Date of call or letter _____
Referral source notified of status? Y N Date _____ How notified? _____

Application for Home Repair

Date: _____ County: _____
Name: _____ Phone: () _____

(Mailing address) (911 or Physical address)

(City) (State) (Zip) (City) (State) (Zip)

DETAILED directions to home from county seat:

Has anyone representing ESVA ever visited your home? (circle one) Yes No
Have you applied to ESVA for work on your home before? YES NO If so, when? _____
Referred by: (Agency) _____
Agency Contact Person: _____ Phone: () _____

Household Information

Applicant has lived in this residence _____ years and _____ months.
Please check: Do you own _____ or rent _____ the home? Do you own _____ or rent _____ the land?
Landlord's Name: _____ Phone: () _____

(Landlord's Mailing Address) (Landlord's 911 or Physical address)

(City) (State) (Zip) (City) (State) (Zip)

Total number of people in household: _____ Number of people with disabilities: _____
Applicant's marital status (circle one): Married Single Separated Divorced

People in Household:
Name DOB Name DOB

Income Sources: Must list amount per person _____

Total household income: \$ _____ (Monthly) Do you currently have Medicaid benefits? Yes or No
Is anyone in the home a Veteran? Yes or No

CASE Manager - Comments _____

Case Manager - Signature and date _____

Repairs Requested

Type of Home (circle one): House Mobile Home/Trailer Other _____

Total Number of rooms in house: _____ Bedrooms: _____ Bathrooms: _____

Name of electrical service provider: _____

Water supply to house (circle one): None Town water Well Cistern Spring

Does your wastewater go to (circle one): Septic Gray water pit City sewer Other

Type of heat source: _____

Area to be repaired:

Description of work to be done:

(including photos of problem areas is encouraged)

_____ Foundation	_____
_____ Underpinning	_____
_____ Siding	_____
_____ Floors	_____
_____ Insulation	_____
_____ Exterior walls	_____
_____ Interior walls	_____
_____ Ceilings	_____
_____ Roof	_____
_____ Windows	_____
_____ Doors	_____
_____ Porch or steps	_____
_____ Bathroom Addition	_____
_____ Bedroom addition	_____
_____ Other	_____
_____ Electrical	_____

Other General Comments: _____

In order to prove ownership of the property, please include a copy of your deed.

