



Date\_\_\_\_\_

Dear

We cannot process your application until we receive all the required information.

\_\_\_\_PROOF OF INCOME (2 years Income Tax Return, social security, or employment verification.

\_\_\_\_HOUSEHOLD INCOME (income from ALL members of your household) Please list all income (employment, AFDC, food stamps, SSI, etc.)

\_\_\_\_PROOF OF OWNERSHIP OF HOUSE/TRAILER (copy of property tax form or deed.

\_\_\_\_OTHER\_\_\_\_\_

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Your application cannot be considered until all required information is furnished.

Please be aware that we have a waiting list of clients in need of home repairs. We work with volunteer labor and need to wait until we have groups of volunteers that offer their time and talents to complete projects within their skill range. Therefore, it may be many months before your repair project will be accepted once you qualify.

Sincerely,

**HOUSING PARTNERSHIPS, INC.**

**HOME REHAB/REPAIR APPLICATION**

P.O. Box 441, Williamsburg, VA 23187  
221-0225 FAX 221-0444

Date \_\_\_\_\_

ID # \_\_\_\_\_

APPLICATION WILL NOT BE CONSIDERED IF INCOMPLETE

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Where do you live: Williamsburg \_\_\_\_\_ James City Co. \_\_\_\_\_ York Co. \_\_\_\_\_

Directions to your house: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

**LIST ALL PERSONS RESIDING IN THE HOME:**

Name	Relationship	Age	Type of Income	Amount Monthly

Total \_\_\_\_\_

Type of income includes: Wages, Social Security, Food Stamps, AFDC, Child Support And Retirement.

**EVERYONE MUST HAVE TWO YEARS PROOF OF INCOME** (Income Tax Returns, Social Security or Employment Statements)

HOUSING CONDITIONS: Trailer \_\_\_\_\_ House \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

Electricity \_\_\_\_\_ Running Water \_\_\_\_\_ Well \_\_\_\_\_ City Water \_\_\_\_\_

City Sewer \_\_\_\_\_ Septic system \_\_\_\_\_ Outhouse \_\_\_\_\_ Electricity \_\_\_\_\_

Natural Gas \_\_\_\_\_ Kerosene \_\_\_\_\_ Oil \_\_\_\_\_ Wood Stove \_\_\_\_\_

Do you own land? \_\_\_\_\_ Do you have the title to the land? \_\_\_\_\_

**YOU MUST HAVE PROOF OF OWNERSHIP OF HOME OR TRAILER**

How will you and your family help repair your house? \_\_\_\_\_

**HOUSING PARTNERSHIPS – Client Repairs**

CLIENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

Repairs Needed: \_\_\_\_\_ Phone \_\_\_\_\_

INTERIOR	
Living Room	
Kitchen	
Bathroom	
Bedroom	
Bedroom	
Bedroom	
Hall	
Walls	
Ceiling	
Other	
EXTERIOR	
Roof	
Walls	
Porch	
Stoop	
Windows	
Doors	
Foundation	
Other	

Comments: \_\_\_\_\_

\_\_\_\_\_

1. Able-bodied household members are required to participate in the repairs. Clients that are able to complete repairs on their own will receive assistance and materials faster.
2. Do you belong to a church or an organization that would be willing to assist on your home repair? Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

CLIENT RESPONSIBILITY

Housing Partnerships, Inc. is a partnership between the homeowner/client and our staff, with volunteers from the community. This partnership demands a cooperative effort from all parties to accomplish the necessary repairs.

Housing Partnerships, Inc. promises to fulfill our responsibilities by completing all, but only those repairs that are approved by our Core Group. Any materials or repairs beyond those which are approved shall be the responsibility of the client.

The client's responsibilities are, but are not limited to, the following:

- The client must participate in the repair of his/her home. If the client is disabled or elderly, he/she must contact relatives, friends neighbors, church, or work associates to attempt to acquire volunteers who can perform the necessary repairs.
- It is the client's responsibility to properly prepare his/her home before any work will begin.
- The client must provide unobstructed access to work areas.
- Proper steps must be taken to rid the home of any insect infestation (roaches, ants etc.).
- The client must present a clean, sanitary environment in which the volunteers can work. Grease and dirt must be cleaned from surface areas, and all items should be removed from work areas (under sinks, in cabinets, etc.).
- Personal belongings must be stored safely out of the general work area.
- The client must understand that the people who work on his/her home are VOLUNTEERS and that they are there to assist the client with home repairs. This partnership is the basis of our organization.

I understand and accept my responsibilities as a client of Housing Partnerships, Inc. and I agree to the terms above.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

HPI takes before and after pictures for your file that is confidential. Will you allow us to use these pictures for publicity? YES \_\_\_\_\_ NO \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

HOUSING PARTNERSHIPS-Client Repairs ID \_\_\_\_\_  
Client \_\_\_\_\_ Emergency \_\_\_\_\_  
Date Eligible \_\_\_\_\_

Address \_\_\_\_\_  
Phone \_\_\_\_\_

Date Started \_\_\_\_\_  
Date Compl \_\_\_\_\_

INTERIOR	
Living Room	
Kitchen	
Bathroom	
Bedroom	
Bedroom	
Bedroom	
Hall	
Ceiling	
Walls	
Other	
EXTERIOR	
Roof	
Walls	
Porch	
Stoop	
Windows	
Doors	
Foundation	
Other	

Estimated Cost \_\_\_\_\_

Number of Volunteers \_\_\_\_\_

Number of Hours \_\_\_\_\_