



# Application for Home Repair

May be completed online at: [WWW.ASPHOME.ORG/APPLY](http://WWW.ASPHOME.ORG/APPLY)

## For Office Use Only

Date of initial home visit: \_\_\_\_\_ Visited by: \_\_\_\_\_ (If not visited, write N/A and send letter)  
 Selected? Y N If no, why? \_\_\_\_\_  
 Call needed? Y N Letter needed? Y N Date of call or letter \_\_\_\_\_  
 Referral source notified of status? Y N Date \_\_\_\_\_ How notified? \_\_\_\_\_

## General Information

Complete this form online at [ASPHome.org/apply](http://ASPHome.org/apply) or send a completed paper copy to ASP's main office at 4523 Bristol Highway, Johnson City, TN 37601. For assistance, please call ASP at (423) 854-8800.

Name: \_\_\_\_\_ County: \_\_\_\_\_

\_\_\_\_\_  
 (Your mailing address or PO Box)

\_\_\_\_\_  
 (911 address of your home. DO NOT USE PO Box)

\_\_\_\_\_  
 (City) (State) (Zip code)

\_\_\_\_\_  
 (City) (State) (Zip code)

E-mail address: \_\_\_\_\_

Cell / Primary phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Other phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Directions to your home from county seat: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you applied to ASP before? (circle one) YES NO If so, when? \_\_\_\_\_

Has ASP ever worked on your home? YES NO If so, when? \_\_\_\_\_

If an organization referred you to ASP, please list their name: \_\_\_\_\_

Are you willing to let ASP share this application with other home repair agencies? YES NO

## Those in Your Household

Please list everyone who lives in your home at least some of the time, including yourself:

Name	Year Born	Gender (M / F)	Disabled? (Y / N)	Veteran? (Y / N)

Total household income: \$ \_\_\_\_\_ per month. (Include all sources of income, including Social Security, SSI, alimony, and other benefits.)



## Information About Your Home

Do you own the home? YES NO      Do you own the land? YES NO

Was your home damaged by any of the following? (circle any that apply) FIRE FLOOD STORM

What year was the home built? \_\_\_\_\_ How long have you lived in this home? \_\_\_\_\_

Type of home (circle one): MOBILE HOME/TRAILER HOUSE OTHER

Number of rooms in home: Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_ Total rooms: \_\_\_\_\_

Does your home have electricity? YES NO      Does your home have running water? YES NO

## Repairs Requested

**Which item(s) in your home are in need of repair? Please briefly describe the need for each repair.**

\_\_\_ Foundation \_\_\_\_\_

\_\_\_ Underpinning \_\_\_\_\_

\_\_\_ Siding / Exterior walls \_\_\_\_\_

\_\_\_ Floors \_\_\_\_\_

\_\_\_ Insulation \_\_\_\_\_

\_\_\_ Inside Walls / Ceilings \_\_\_\_\_

\_\_\_ Roof \_\_\_\_\_

\_\_\_ Windows / Doors \_\_\_\_\_

\_\_\_ Porch or steps \_\_\_\_\_

\_\_\_ Wheelchair ramp \_\_\_\_\_

\_\_\_ Handicap modifications \_\_\_\_\_

\_\_\_ Electrical / Plumbing \_\_\_\_\_

\_\_\_ Room addition needed \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

**Comments or Additional Information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Verification

To the best of my knowledge, I certify that the information in this application is true and correct, and that the home listed is my primary residence. I understand that ASP is a non-profit ministry that is only able to assist a small percentage of those who apply. If selected, I may be asked to show documents that verify this information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date