

Project Crossroads

Home Repair Application/Referral Form

Date _____

Last Name First Spouse

Mailing address Phone #

Directions to your home (physical address, If different) _____

Please list everyone living in your home and their relationship to you, source and amount of their income (Social Security, SSI, AFDC, Unemployment, Work or other). **We will also need a photocopy of all household income and a copy of your deed or title.**

Name Age Income

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List needed repairs _____

Who referred you? _____ Referring Agency _____

Complete this form and return to: Project Crossroads, 136 Snider Branch Road, Marion, Va. 24354.

Completing this form does not guarantee repairs will be done. Your request will be evaluated and your name will be placed on a waiting list if you qualify.

Signature of Person requesting work _____