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

_____

Name Age Income

_____

Name Age Income

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 _____