



# 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

If you rent, give landlord's name and phone: \_\_\_\_\_

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

Send to: ASP, 4523 Bristol Highway, Johnson City, TN 37601

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