



516 Project
10908 Courthouse Rd. Suite 102148
Fredericksburg, VA 22408
info@516project.org
540-940-6794

Dear Homeowner:

516 Project's mission is to share the love of Jesus through our actions and words by helping families in need. Together with volunteers, churches and businesses we impact our community to glorify God through service to others. Our main focus is projects that impact a family being warm, safe and dry. We ask that you and /or any able-bodied members of your household participate alongside volunteers in repairs to the best of your abilities. Please understand that we receive many applications and applying does not guarantee work will be done.

Please print all information clearly.

Name _____ Date _____

Cell Phone (_____) _____ Home Phone (_____) _____

Email: _____

Best way to contact you: Home ___ Cell ___ Email ___

Physical Address _____
(Street)

(city) (state) (zip code)

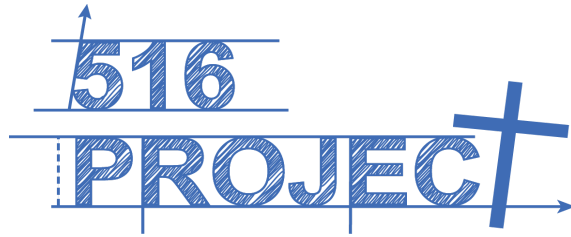
Is your mailing address the same as your physical address? _____ In no please list below

Mailing address _____
(Street)

(city) (state) (zip code)

Emergency contact Name _____ Phone Number _____

How did you hear about 516 Project? __ Friend __ Radio __ Mail __ TV __ Internet
Other: _____



Referred by: (Agency) _____

Contact Person _____ Phone(_____) _____

Have you applied before? Yes ___ No ___ Have we visited your home Yes ___ No ___

Explain why you are unable to complete repairs on your own

words? _____

HOUSEHOLD INFORMATION

Age of home or Year built: _____

Do you own or rent your home?

Do you own or rent your land?

Name on Deed: _____

Address (if different) _____

(Street)

(city)

(state)

(zip code)

Do you plan to sell your home within the next year: ___ 2yrs ___ 5yrs ___ other

Is the home your current residence? ___ Yes ___ No

Is this home your only residence? ___ Yes ___ No

Applicant has lived at the residence for ___ years and ___ months. Do you own other property? ___ Yes ___ No

Are any family members (deceased or living) currently serving or have served in the military? _____

Number of Veterans in the household: _____ Yrs. of service: _____

Number of household member with disabilities: _____ Please explain all disabilities or special needs:

___ Hearing Impaired ___ Vision Impaired ___ Wheelchair bound ___ Use a walker

___ Mentally Challenged ___ other _____

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Please complete the following for all members of the household. Indicated disabilities household members with an at risk(*) next to the member's number. Please list ALL income sources (Employer, Social Security, AFDC, VA Benefits, Disabilities, Child Support, Pensions, Medicare, Medicaid, etc.) **Attach additional sheets for further explanations of any items if needed.**

Name of ALL Household Members	Relationship	DOB	Income Source	Gross Monthly Income
	Applicant			
			Total Household Income	

Amount of Monthly Mortgage Payments \$ _____ Average Utility Bills \$ _____

Do you have homeowner's insurance? Yes No Company _____

Are any able bodied household members willing to assist with repairs? Yes No

List all members willing to assist in repairs?

If you are unable to assist in repairs, please explain why?



INCOME VERIFICATION

Please list all of your income sources for all members of your household below and indicate if amounts are for weekly, biweekly, monthly, or annual payments:

INCOME SOURCE	NAME	AMOUNT	HOW OFTEN (weekly, monthly, yearly)
Social Security		\$	
SSI		\$	
Annuities		\$	
Pensions		\$	
Gross Wages		\$	
Other Specify		\$	
		\$	
		\$	
		\$	
		\$	

Copies of documents such as an Employer Pay Slip, a document from Social security that shows the monthly or annual amount received, W-2 form, or 1099 Form must be attached which verifies the amount of income listed above. Please include your most recent financial information.

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HOME REPAIR INFORMATION:

Type of home: House Mobile Home Other _____

Total number of rooms in house: Bedrooms _____ Bathrooms _____ Sq Ft _____

Electrical service provider _____

Water supply to house (check one)

None city water well

Does your wastewater go to (check one)

city sewer septic other _____

Central Air Yes No

Central Heat Yes No

Type of heat: Electric Natural Gas Propane Kerosene Wood

Area to be repaired: Brief description of work to be done: (Attach additional sheets if needed)

Foundation _____

Siding _____

Floors/Flooring _____

Insulation/Weatherization _____

Exterior/interior walls _____

Roof/Ceiling _____

Windows/Doors _____

Bathroom _____

Electrical _____

Plumbing _____

Porch/Steps/Ramp _____

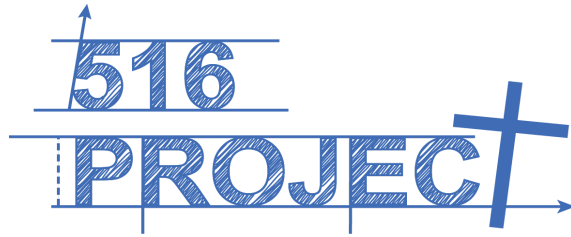
Grab bars/handrail _____

ADA accessibility _____

Safety _____

Appliance/water heater _____

Other _____



HOMEOWNER DISCLOSURE AGREEMENT
(Signature are required here to complete the application)

_____ **initial** My signature indicates that all the above statements and information provided are accurate and complete.

_____ **initial** I certify that I do not have the financial means to perform the repairs for which I am applying.

_____ **initial** I understand that I may be asked to provide documentation as proof of my answers. I authorize investigation and verification of all information provided, including a personal background check, as may be necessary for my involvement with 516 Project.

_____ **initial** I HAVE READ the information provided by 516 Project representatives and volunteers (skilled and unskilled). Most volunteers are not professionals. They may not be able to complete all repairs at my home.

_____ **initial** I understand that there is no cost to the homeowner for these repairs.

_____ **initial** I understand that I am expected to participate with volunteers at my home to the best of my ability, and the adult family members or friends on site during work days will also participate.

_____ **initial** I give 516 Project permission to share this document with other providers, or non-profit organizations who might be able to assist with this application.

_____ Applicant Name (print) _____ Applicant Signature _____ Date

An assessment team member may call to schedule an inspection of your home and get more details of work requirements. You will be notified by phone or mail whether or not you are selected.

** If this form has been prepared by someone other than the homeowners, or if assistance has been given to the homeowner, please complete the following:

Name of preparer: _____

Relationship _____

Agency _____ Phone:(_____) _____

Email _____

Is the homeowner aware of this application _____ Yes _____ No