

# 516 PROJECT

10908 Courthouse Rd. Suite 102148, Fredericksburg, VA 22408 | [info@516project.org](mailto: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?  YES  NO

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(\_\_\_\_\_) \_\_\_\_\_

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Have you applied before?  Yes  No

Have we visited your home  Yes  No

Explain why you are unable to complete repairs in your own words? \_\_\_\_\_

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## 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)

Applicant has lived at the residence for \_\_\_\_ years and \_\_\_\_ months.

Do you plan to sell your home within:  next year  2yrs  5yrs  Other

Is the home your current residence?  Yes  No

Is this home your only residence?  Yes  No

Do you own other property?  Yes  No

Are any family members (deceased or living) currently serving or have served in the military?  Yes  No

Number of Veterans in the household: \_\_\_\_ Years 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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## 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: \_\_\_\_\_

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## 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.

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Applicant Name (print)

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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