



Home Helps

a ministry of Servants, Inc.

www.servants.org

HOMEOWNER'S APPLICATION

Job#: _____

Initial Contact: _____

Assessed: _____

Referred By: _____

Priority: 1 2 3

(1 high-3 Low)

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Homeowner Birth date: _____ Email: _____

Directions to home: _____

Description of work needed: _____

Do you own your home? _____ How long have you lived here? _____

What is your monthly household income? _____ How many people reside in the home? _____

Have you ever applied for help from any other organization? _____

Is there anyone in your family capable of assisting you? _____

Can you pay for materials needed to complete your project? All _____ None _____ Partial _____

Do you have a church affiliation? _____

Can we approach your Pastor about your need? _____

How did you hear about Servants? _____

On a scale of 1-5 how urgent is your need? (1-immediate need, potential health or safety risk /5 - not urgent) _____

Home Helps Mission Statement

Our mission is to improve the lives of people in York County. Our purpose is to give them hope and help them see and feel the love of Jesus Christ.

We do this by providing home maintenance and repair services to homeowners who, for whatever reason, are unable to do the work themselves and are unable to pay professionals to do the work for them.

Senior Citizens, people with disabilities, and single parents are the primary focus of *Home Helps*.

Based on our mission statement, do you feel you qualify for assistance from the Home Helps Ministry? _____

Why? _____

Owner _____ Date _____

Owner _____ Date _____