HOME WORKS OF AMERICA, INC.
APPLICATION FOR HOME REPAIRS

Phone (803)781-4536
Fax (803)233-9389
Website: www.homeworksofamerica.org

PO Box 102
Irmo, SC 29063
Email: H.Chardos@HomeWorksUSA.net

Please provide the following information:

HOMEOWNER (please print)

Name _____ _____
Last First

Date of Birth _____ _____ _____
male/female race

Address _____ Phone # ( )_____
Street

_____ _____ _____
City State Zip Code

County _____

How did you learn of Home Works? _____

Name and address of the church you attend (Optional) _____

_____

Name, phone number and address of nearest relative for emergency purposes.

_____

OTHER INDIVIDUALS WHO LIVE IN THE HOME

Resident #2

Name _____ _____ _____
Last First Middle

Date of Birth _____ Relationship to homeowner _____

Resident #3

Name _____ _____ _____
Last First Middle

Date of Birth _____ Relationship to homeowner _____

Resident #4

Name _____ _____ _____
Last First Middle

Date of Birth _____ Relationship to homeowner _____

Please provide the following information for everyone who lives in the home.

Source of Income	**Homeowner**	**Resident #2**	**Resident #3**	**Resident #4**
Wages ……	$ _____	$ _____	$ _____	$ _____
Disability……	_____	_____	_____	_____
Pension ……..	_____	_____	_____	_____
Unemployment compensation	_____	_____	_____	_____
Social Security……...	_____	_____	_____	_____
Alimony……..	_____	_____	_____	_____
Child Support…….	_____	_____	_____	_____
Welfare……	_____	_____	_____	_____
Other……..	_____	_____	_____	_____
Total Annual Income	$ =========	$ =========	$ =========	$ ==========
Balance in bank & investment/retirement accounts	$ =========	$ ==========	$ ==========	$ ==========

Briefly describe the repairs needed:

_____

_____

_____

What assistance with repairs has been previously received, when and from whom?

_____

_____

_____ _____

Signature of Homeowner Date

PLEASE SUBMIT DOCUMENTATION OF THE SOURCES OF INCOME AS SHOWN WITH THIS APPLICATION.

Please return to: Home Works, PO Box 102, Irmo, SC 29063