



SQUARE FOOT MINISTRY
HOME REPAIR APPLICATION
Help@SquareFootMinistry.org ♦ (770) 329-7736
P.O. Box 371 ♦ Fayetteville, GA 30214

DESCRIPTION OF WORK NEEDED: _____

HOMEOWNER:

Last

First

Initial

ADDRESS: _____

TELEPHONE:

Home

Work

MARITAL STATUS:

Single _____

Married _____

Divorced _____

Widowed _____

OTHER HOUSEHOLD MEMBERS:

Name

Relationship

Age

Do any of these members work or have income? Yes _____ No _____

INCOME Please check all forms of monthly income into the household:

Employment _____

Social Security _____

Supplemental Security _____

AFDC _____

Pension _____

Other (Please list) _____

TOTAL MONTHLY HOUSEHOLD INCOME

Please list **ALL** income from all members of the Household: _____

TOTAL MONTHLY LIABILITIES Please check all applicable boxes:

Mortgage _____

Car Loan _____

Credit Cards _____

Child Care _____

Rental Charges _____

Other (Please list) _____

MONTHLY CASH OUTLAY:

Based on the information above, do you feel that you or your family members could:

- Pay for materials for work needed Yes_____No _____
- Work on the project or support the project? Yes_____No _____
- Have you other sources of support for the project? Yes_____No _____

Please state the reason you need assistance:

I hereby make application to SQUARE FOOT MINISTRY for work on the above mentioned property. I further certify that I am the owner and occupant of the property. Also that the income stated represents my total monthly income and has been constant for the past year preceding this application. Also included is all applicable income from all other residents of the household.

I hereby grant permission to SQUARE FOOT MINISTRY program supervisors, employees, contractors, and volunteers to enter the above mentioned premises to perform work under the SQUARE FOOT MINISTRY program. I do not hold SQUARE FOOT MINISTRY liable for any legal or financial claim arising from the performance of such work.

I understand that the income information provided above is subject to verification by SQUARE FOOT MINISTRY. Please let it also be known that this information will only be given to persons involved in the verification process and will not be given to any other persons, or organizations, without a need to know.

I, the undersigned, do hereby swear that all the information contained on this application is true and correct to the best of my knowledge.

Applicant's Signature	Date
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Contact other than Applicant: _____
