

SENIOR PROJECT APPLICATION

Name	Are you a Senior?YN (65 or older)		
Address	City		
Zip Phone #	Retired Military Y	N	
Email			
Do you own your home? Y N (we will need to see proof of title or mortgage)		
Is this the home where you reside?Y (We will need to see a utility bill with your name on it)	N		
Explain Needed Repairs			
		<u> </u>	

Do any of the following apply to your repairs? (check all that apply)

___ ADA

_ Safety Issue

Please note we will go through all submitted applications and choose projects based on scope of work and need. We will need to do a job walk before we can decide on whom to include in the project. If your project is selected, we will contact you to complete the necessary paperwork and schedule your project. We have a limited budget but want to help as many people as possible. If your project is not selected, we will inform you as to why.

For Office Use Only

Schedule Job Walk Y N	Estimated Costs	Trades Needed
Date/Time		
Start Date		
Application Accepted Y N	Contractor Initials	