

YACHAD SINGLE FAMILY HOME REPAIR PROGRAM APPLICATION

Applicant, please complete the information below and return to:

Yachad
8720 Georgia Ave
Suite 705
Silver Spring, MD 20910

Contact Information:

Please supply information for the person with whom we should communicate with about meetings, scheduling, updates on application status, etc.

Name: _____

Relation to Homeowner: _____

Homeowner's Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Emergency contact if we cannot reach you:

Name: _____

Phone number: _____

Basic Information:

Number of adults living full or part-time at address _____

Number of children (17 and younger) living full or part-time at address _____

How did you find out about Yachad's program (if friend or family, please give full name)

What is your household's monthly income: _____

Do you still pay a mortgage (circle one)? YES NO

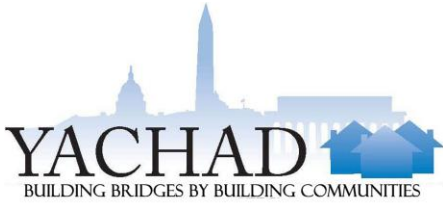
If YES, what are your monthly mortgage payments? _____

Do you have a reverse mortgage (circle one)? YES NO

Do you have homeowner's insurance (circle one)? YES NO

If YES, with what company? _____

If YES, what is your annual fee? _____



Do you plan on moving or selling your home in the next 5 years (circle one)? YES NO

Do you own any other properties (circle one)? YES NO

If someone in your home pays rent to you, please note below:

Person paying rent: _____

Amount paid: _____

House Information:

Please describe generally the needed repairs to your home (ie: drywall repairs, leaky roof or windows, paint needed, broken toilet, oven broken, washer/dryer broken, etc.):

How old is your furnace? _____

Does your stove and/or oven work (circle one)? YES NO

Does your fridge work (circle one)? YES NO

Have you had any problems with pests? If so, what kind? _____

Are any other improvement needed on the home to make it accessible for someone in the home who has a physical disability (access ramp, handrails, grab bars, stair lift, etc.)?

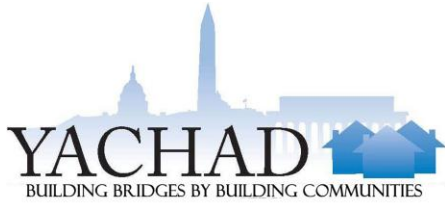
Are there any improvements needed in the home that are irritating someone's allergies or asthma (carpets, open drywall, etc.)?

Who has allergies or asthma? _____

Has any licensed contractor or company worked on your home in the last year?

Has any organization assisted you with free or assisted home repairs in the past 3 years, or are you waiting on approval? _____

Do you run a business out of your home (circle one)? YES NO



Applicant, please complete the information below for each full- and part-time resident of your home. If there are more than 4 residents, please attach an extra sheet with information about the additional residents.

Homeowner Information

Resident's Full Name _____ Age _____

Relation to Homeowner: _____ Number of years at this address _____

State of Employment

- Employer/Occupation _____
- Retired From _____
- Unemployed
 - Looking for employment as a: _____
 - On disability
 - Supporting household in some other way: _____
- School (if student) _____

Disabilities and health issues (if applicable)

Monthly Income: _____

Resident Information #2

Resident's Full Name _____ Age _____

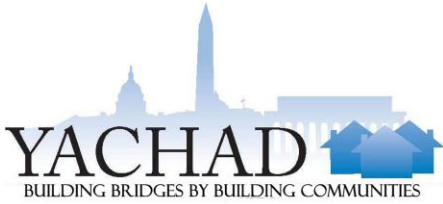
Relation to Homeowner: _____ Number of years at this address _____

State of Employment

- Employer/Occupation _____
- Retired From _____
- Unemployed
 - Looking for employment as a: _____
 - On disability
 - Supporting household in some other way: _____
- School (if student) _____

Disabilities and health issues (if applicable)

Monthly Income: _____



Resident Information #3

Resident's Full Name _____ Age _____

Relation to Homeowner: _____ Number of years at this address _____

State of Employment

- Employer/Occupation _____
- Retired From _____
- Unemployed
 - Looking for employment as a: _____
 - On disability
 - Supporting household in some other way: _____
- School (if student) _____

Disabilities and health issues (if applicable)

Monthly Income: _____

Resident Information #4

Resident's Full Name _____ Age _____

Relation to Homeowner: _____ Number of years at this address _____

State of Employment

- Employer/Occupation _____
- Retired From _____
- Unemployed
 - Looking for employment as a: _____
 - On disability
 - Supporting household in some other way: _____
- School (if student) _____

Disabilities and health issues (if applicable)

Monthly Income: _____

If you are not the homeowner or resident but are assisting him/her in completing this application, please fill out the following:

Name _____ Phone _____

Relationship to homeowner _____

Is the homeowner aware of this application? Yes No