

IMPORTANT: You must be registered with our program before any repair service may be provided.

Don't wait for an emergency... Please send in your application today.



APPLICATION FOR REPAIR ASSISTANCE

First Name:		Last Name:	
Address:		City:	Zip:
Mailing Address: (If different)		City:	Zip:
Telephone #: () -		Cell Phone #: () -	
<u>MUST</u> send proof of age.		<u>MUST</u> provide proof of disability, if younger than 62.	
Birthdate: / /		Age: <input type="checkbox"/> Yes Disabled? <input type="checkbox"/> No	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you a Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Other	
Email Address:			
Number of people living in your home: _____ You <u>MUST</u> include proof of income for <u>each</u> household member.			
Household Member Name	Relationship	Household Member Name	Relationship
Is there a child 6 years or younger living in this home?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

HOUSEHOLD MONTHLY INCOME

Social Security(s): <i>(send <u>current</u> award proof)</i>	\$	If you have a job – Gross Wages YTD: <i>(send proof)</i>	\$
Supplemental / Disability SS: <i>(send <u>current</u> award proof)</i>	\$	Rent from roommate: <i>(send proof)</i>	\$
IRA/Annuity Income: <i>(send proof)</i>	\$	Interest Earned: <i>(send proof)</i>	\$
Pension(s) or Retirement(s): <i>(send proof)</i>	\$	Other Source: <i>(send proof)</i>	\$
TOTAL Income From All Sources: \$			

Please contact our office if you have a household member with zero income. 425-265-2222

PLEASE TURN OVER

HOME INFORMATION

Type of residence: <input type="checkbox"/> House <input type="checkbox"/> Mobile Home <input type="checkbox"/> Condo	Ownership: <input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Lifetime Rights**
** If you occupy the home under a Lifetime Rights Agreement, the owner MUST complete the Lifetime Rights Agreement statement, have it notarized, and return it with the application. If you need a Lifetime Rights Agreement statement, please contact our office.	
Is your home listed for sale? <input type="checkbox"/> YES <input type="checkbox"/> NO	PLEASE NOTE: You are required to notify Minor Home Repair <u>immediately</u> upon listing your home for sale.
How many bathrooms do you have in your home?	_____
How long do you plan to live in your home?	_____

Emergency Contact Name (<u>not</u> living with you):	Emergency Contact's Phone Number:

PLEASE NOTE: You are required to notify Minor Home Repair immediately to report any changes in the total household income or any change to the number of people living in the home.

PLEASE READ CAREFULLY:	
In consideration of any Minor Home Repair service rendered pursuant to this application, the undersigned hereby waives any claim for damages to persons and/or property arising from such services, and further understands and agrees that no warranty, express or implied, is made as to the quality of material or workmanship. By my signature, I hereby agree that Minor Home Repair may contact any persons and/or private or governmental entity necessary to verify the information contained herein. Further, I affirm, under penalty of law, that the information given above is true and accurate to the best of my knowledge. I realize that willful falsification by me may render me ineligible for Minor Home Repair services and may subject me to penalties as provided in Washington State Law. (RCW 74.08.005)	
Signature	Date

Signature and date are required to process your application.

Incomplete forms and/or without income verifications will be returned to you.

