**Project Crossroads**

**Home Rehab Application**

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 Last Name First Spouse

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address (**Must have lived here at least five years**)

Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**You must provide a copy of your deed/title as proof of ownership before we can consider your application.**

Mailing address (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions to your home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list everyone living in your home and their relationship to you, source and amount of their income (Social Security, SSI, AFDC, Unemployment, Work or other). **We will also need photocopy documentation of all your household income before we can consider your application. All applicants must be at or below 80% of the area median income for the year to qualify for assistance.**

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Name Age Income

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Name Age Income

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Name Age Income

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Name Age Income

List needed repairs: (**Not all needed repairs may be possible even though they are listed**)

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Who referred you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Referring Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand completing and submitting this form does not guarantee repairs will be done. All requests are evaluated and then placed on a waiting list once all requested documents are submitted and the application has been approved.

I understand most work is done by volunteer work teams made up of youth and adults; and these teams bring money to help purchase materials. We try to match the teams and their skill level to the work being requested so we may not be able to address your request immediately. Applications will be carried over to the next year and kept on file in office unless Project Crossroads is notified otherwise.

I verify by my signature and the submitted deed/title that I have owned and lived in this residence on this property for the past five years prior to the date of this application.

I verify by my signature that all income documentation has been submitted and is current for the year of the application. In the event that work cannot be done until the next year I agree to submit financial documentation for the following year in order to keep my application current. If there is a change in financial status after the documents are submitted I will notify Project Crossroads of those changes.

I verify by my signature that I understand if I sell my home/property within five years of completion of the work I will reimburse Project Crossroads for the full cost of materials. A file will be kept in the office that contains the receipts of all materials bought and the cost of those materials.

I understand that adult and youth volunteers may be a part of the team that works on rehab projects. I agree to allow volunteers through Project Crossroads to be on my property and in my home as needed for the purposes of the rehab requested.

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Signature of Homeowner Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Notary Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Expiration

Check List:

\_\_\_\_ Completed Application with Signatures

\_\_\_\_ Copy of Deed/Title

\_\_\_\_ Copy of all Incomes in Household at time of application

Complete this form and return with required documents to: Project Crossroads, 136 Snider Branch Road, Marion, Va. 24354.