

# COVER Home Repair Application



Please check appropriate box:

What is the best way to contact you?

- |   |                                      |                                      |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Home Repair        | <input type="checkbox"/> Wood Frame  | <input type="checkbox"/> Phone _____ |
| <input type="checkbox"/> Accessibility Ramp | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Text _____  |
| <input type="checkbox"/> Weatherization     |                                      | <input type="checkbox"/> Email _____ |

Name \_\_\_\_\_

Street Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupants of Home	Age	ALL Estimated Monthly Income

**TOTAL INCOME FROM ALL SOURCES:** \_\_\_\_\_

# of Veterans living in the home: \_\_\_\_\_

Brief Description of home repair, accessibility needs or weatherization requested:

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Directions to your house:

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Color of your home or distinctive features:

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PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION.

# COVER Home Repair Application

## MONTHLY EXPENSES

Expense	Estimated Monthly Amount
<input type="checkbox"/> Mortgage <input type="checkbox"/> Rent	
<input type="checkbox"/> Property Taxes <input type="checkbox"/> Lot Rent	
Electric	
Heating Fuel	
Propane	
Telephone	
Medical & Prescriptions	
Car Payments & Insurance	
Credit Card Debt	
Other (please explain)	

Additional resources such as property, investments, savings: \_\_\_\_\_

ALTERNATE CONTACT (If any) who may discuss this application for you:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_

AGENCY CONTACT (If any):

Name \_\_\_\_\_ Agency \_\_\_\_\_  
 Email \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about COVER? \_\_\_\_\_

Would you like to receive our newsletter or COVER updates? Yes \_\_\_\_\_ Not at this time \_\_\_\_\_

Additional Comments:

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

*A COVER representative will contact you for a phone intake to assess the project. COVER is a staff-led, volunteer powered organization. Applications are prioritized by need, geographic location, and/or availability of labor, funds and materials.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_