



Appalachian Housing Partners

1051 Oak Ridge Turnpike, Room 103
PO Box 5953, Oak Ridge, TN 37831
Phone: 865-483-6028, option 2

Application for Service

To apply for home repairs, you must provide the following information:

ALL INFORMATION MUST BE COMPLETE BEFORE A FILE CAN BE OPENED AND A PROJECT CONSIDERED

- ☐ Copy of photo ID
- ☐ Proof of Homeownership/Warrant Deed
- ☐ Proof of all household income
- ☐ Copy of last 2 month's bank statements OR last 2 years of income tax returns

If you do not have a bank account, or file taxes, please sign here:

Name: (please indicate preferred name)	
Address:	
Phone Number: (please list 2)	
Email Address:	
County You Live In:	

NOTE: Applications are left on file for 3 years. If your project has not been selected in that time, you must re-apply for services.

Being placed on our waiting list does not guarantee that your home repair project will be selected.

**** We do not employ contractors**** We do not provide ongoing repair services to homeowners, once you are assisted, you must wait at least three (3) years to apply for additional services from the Appalachian Housing Partners. *Mobile homes are eligible for exterior projects ONLY.* Please understand that we are grant funded and must follow the guidelines set in place by our funding sources. You must own your home and have owned your home for at least two years and be current on all property taxes before you are eligible for services. **We are unable to provide emergency or immediate repairs.**

Please Initial



**"This institution is an equal opportunity provider."
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Information on the Household

Total number of people in the household? _____ (You must include **everyone** that lives in the home.)

Please complete the following information for **EVERYONE** in the household:

NAME (Please list full names and list the head of household first)	BIRTH DATE	RELATION TO HEAD OF HOUSEHOLD	MONTHLY INCOME (Please list the amount of income and source. For example- Social Security, employment, retirement, etc)
1.			
2.			
3.			
4.			
5.			

Is anyone in your home disabled?* ☐ Yes ☐ No

If so, who? _____

Is anyone in your home a veteran?* ☐ Yes ☐ No

Do you receive SNAP or WIC benefits?* ☐ Yes ☐ No (please circle to indicate which one/both)

Do you receive Medicare or Medicaid?* ☐ Yes ☐ No (please circle to indicate which one/both)

**Information for program eligibility purposes only*



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What year was your home built:	How many bedrooms:	How many bathrooms:
Do you currently have a lien against your home or property?	Do you rent out any rooms in your home to supplement your income?	Do you own any other property?

How long have you owned your home?

What repairs are needed in your home? Please list as many as you can in the space provided: _____ _____ _____
If you could receive assistance for only one thing in your home, what would be the most important thing to you to get fixed? _____

To the best of my knowledge, I certify the information provided to qualify for assistance is true and correct. I will comply with all program guidelines if my project is approved. *I am aware that providing false information on this application may automatically disqualify me for assistance.*

Applicant Signature/Date	Co-Applicant Signature/Date
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Information and Photo Release

ADFAC is committed to keeping your personal information confidential. However, personal information (name, address, birth date, etc.) is often required to be shared with grant funding sources as part of the grant funding approval process. Personal information will be shared only to appropriate grant funding sources upon request. Otherwise, personal information is not shared outside of ADFAC. The ADFAC Appalachian Housing Partners program must report to funding sources and other benefactors on a regular basis on how funds are spent. Often there are requests for photographs of completed projects for the purpose of program publicity. I/We hereby authorize ADFAC to use my image for the purpose of reporting, publicity, on the ADFAC website, or for the purpose of publicity.

I understand this is my expressed CONSENT.

Signature/Date:

Signature/Date:

Referred By: _____

What is your preferred method of communication? ☐Phone ☐Email ☐Mail

Primary Applicant/Head of Household:

Sex/Gender: ☐ Male ☐ Female ☐ Other

Ethnicity: ☐Hispanic or Latino ☐ Non-Hispanic or Latino

Race: ☐ Asian ☐ American Indian ☐ Black or African American

☐ White ☐ Native Hawaiian/Pacific Islander ☐ Other/Multi-Racial

Marital Status: ☐Separated ☐Divorced ☐Married ☐Single ☐Widow(er)

- ☐ I do not wish to furnish this information
☐ Observation made by ADFAC
(to be checked only if applicant fails to provide information)

Completed applications and required documentation can be returned via mail, email or in person.

Office is closed on Fridays.



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