



MINOR HOME REPAIR PROGRAM
 8225 44TH AVE W., SUITE O
 MUKILTEO, WA 98275-2851
 PHONE: (425) 290-1250

APPLICATION FOR REPAIR ASSISTANCE

First Name		Last Name	
Address:		City	Zip
Mailing Address (if different)		City	Zip
Telephone # (____) _____ - _____		Cell Phone # (____) _____ - _____	
Birthdate ____/____/____ Age ____		<i>MUST send proof of age. Must provide proof of disability, if younger than 62.</i>	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Email address:	

Number of people in home: _____	
Household Member Name:	Relationship:
Household Member Name:	Relationship:

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

List all sources of monthly income for each member. SEND RECENT PROOF from last 90 days.
(Income includes, but is not limited to: SSA/SSI, wages, pensions, public assistance, interest, VA, etc.)

Head of Household Income:		Spouse Income:		Other Income:	
Source:	\$	Source:	\$	Source:	\$
Source:	\$	Source:	\$	Source:	\$
Source:	\$	Source:	\$	Source:	\$
TOTAL	\$	TOTAL	\$	TOTAL	\$

TOTAL Household Income From All Sources \$ _____

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	
How many bathrooms do you have in your home? # _____	

If you qualify, a Home and Safety Assessment of your home will be scheduled soon to determine the health and safety needs for Minor Home Repair.

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.

