

PROJECT APPLICATION Safer Drier Warmer

Name:	Date:
Age: Date of Birth	
Mailing Address:	
911 Address of Home:	
Home Phone:	Cell Phone:
Emergency Contact:	Phone:
Do you own your home? YES NO Rent?	YES NO Do you own the land? YES NO
Do you have homeowner's insurance? YES N	0
If YES, insurance company name & policy #	
How long have you lived in this home?	YEARS / MONTHS
Type of home (please circle one); MOBILE HOM	IE/TRAILER HOUSE OTHER
Does your home have electricity? YES NO	Running water? YES NO
Can FIAGKV share this application with other h	ome repair agencies? YES NO
Total household income: \$ Social Security, SSI, food stamps, child support ar	per month (Include all sources of income including ad other benefits.)
Are you able to help pay for some or all of the s	applies needed for this project? YES NO

Have any other agencies provided home repair work to you in the past five years? YES NO

How many people live in your home at least some of the time, including yourself? _____

Please list everyone who lives in your home at least some of the time, including yourself:

Name	Year Born	Gender (M/F)	Disabled? Y/N	Veteran? Y/N

Brief description of project requested:

Yard Work	Handicap Modifications	
Interior Painting	Wheelchair Ramp	
Exterior Painting	Porch or Steps	
Extensive Cleaning	Repair/replace doors	
Other (hanging shower curtain, moving furniture, changing lightbulbs, etc. – please		
detail below.)		

Provide more detail or additional comments as needed here. What causes you to need this help?

ACKNOWLEDGEMENT, VERIFICATION & RELEASE

To the best of my knowledge, I certify that the information in this application is true and correct, and that the home listed is my primary residence. I understand that Good Shepherd Interfaith Volunteer Caregivers (GSIVC) is a nonprofit organization that is only able to assist a small percentage of those who apply. If selected, I may be asked to show documents that verify the information I have provided.

I understand this work will be done by volunteers and I will not hold any individuals or GSIVC liable. I further understand that the information I have provided may be shared with other individuals, churches, and/or organizations in order to help get the assistance requested

I agree to allow GSIVC unrestricted use of photographs taken of me and/or my home in the course of the project work I have requested being done by GSIVC, their volunteers, and partner agencies. I understand that GSIVC intends to use such photographs only in connection with official GSIVC publication, social media and documents in promotion of GSIVC and the Safer Drier Warmer program.

I understand that pictures are taken to show our work.

Signature

Date

The **Safer Drier Warmer Program** is a program of Good Shepherd Caregivers. P.O. Box 1882, Shepherdstown, WV 25443 p: 304-876-3325 e: info@gsivc.org www.gsivc.org