



Administrative Office:
 P.O. Box 588,
 532 S. Main Street,
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 948-3916 Fax: (540)
 948-2264

Greene office:
 45C Business Park Dr.
 Ruckersville Va. 22968
 Phone: (540) 948-3916
 Fax: (434) 985-6035

Skyline CAP Emergency Home Repair Program

APPLICATION DATE: _____
 How did you hear about Skyline CAP's EHR program? _____

Name _____ Date of Birth _____ SS# _____
 Physical Address _____ City _____ State _____ Zip _____
 Mailing Address _____ City _____ State _____ Zip _____
 Primary phone _____ Secondary phone _____
 E-mail Address _____
 Residence Jurisdiction: Greene County _____ Madison County _____ Orange County _____ Other _____

Are you Head of Household? Yes _____ No _____ **Please indicate your gender** Female _____ Male _____

Are you disabled? Yes _____ No _____ **Have you served in the Military?** Yes _____ No _____

For Statistical /Grant Writing Purposes Only: (Please complete both Ethnicity and Race - check one in each category)

Ethnicity: Hispanic _____ Non-Hispanic _____
Race: White _____ Black/African American _____ Asian _____ Black/African American & White _____ Other _____

Do you own home? Yes _____ No _____ **Year Built** _____ **Number persons living in household:** _____
Type of Home Mobile _____ Manufactured _____ Stick Built _____ Other _____
 (Our Emergency Home Repair Program requires that the applicant reside in home and own the home and lot.)

MONTHLY INCOME

(Please attach documentation for income sources in the left column)

Employment \$ _____	Checking Account \$ _____
Pensions \$ _____	Savings Account \$ _____
Social Security \$ _____	Stocks/Bonds \$ _____
Other Sources \$ _____	Personal Property (Other than Home) \$ _____
Child Support \$ _____	

Monthly Living Expenses

Mortgage \$ _____ Utilities \$ _____ Medical Expenses \$ _____ Food \$ _____ Other \$ _____

Please provide the following information for all household members:

Name	Relationship	Disabled		Sex	DOB	Annual Income	Source of Income *
		Yes	No				
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	

*** Attach documentation/written proof of income**



DESCRIBE REPAIRS REQUESTED _____

Has Skyline CAP, Inc. assisted you before? Yes _____ No _____ If Yes, when (MO/YR) _____

I certify that the information provided is true and correct. I understand that if I have knowingly given false or misleading information in the completion of this application, I can be denied services. I hereby authorize the release of information in support of the above.

Signature of Applicant: _____ **Date:** _____

Emergency Home Repair Program Authorization and Release

The undersigned hereby certifies that he/she is the owner of the property located at: _____
_____ and authorizes Skyline CAP, Inc. to make repairs and improvements as necessary and as funds are available to the property.

The owner hereby releases indemnity and agrees to hold harmless Skyline CAP, Inc., its staff and volunteer assistants, from any liability in conjunction with the performance of the repairs and improvements.

Owner agrees to provide Skyline CAP, Inc. access to the property at reasonable times for the purpose of inspecting the work.

Owner certifies that he/she intends to occupy the property for at least one (1) year after the date the work is completed.

Owner agrees that the quality of the installation of the materials cannot be guaranteed beyond a period of one (1) year.

Owner understands that he/she may request information as to the specific work to be done to the property prior to signing this authorization and release, and agree to the work to be performed as determined by Skyline CAP, Inc.

Owner Signature: _____ **Date:** _____

Administrator Signature: _____ **Date:** _____

