



**Administrative Office:**  
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 Ruckersville, VA 22968  
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## Skyline CAP Emergency Home Repair Program

APPLICATION DATE: \_\_\_\_\_

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 \_\_\_\_\_ Number of persons living in household: \_\_\_\_\_  
 Please indicate your gender: Female \_\_\_\_\_ Male \_\_\_\_\_  
 Do any household members have a disability? 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 \_\_\_\_\_  
 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 \_\_\_\_\_

\_\_\_\_\_

How did you hear about Skyline CAP's EHR program? \_\_\_\_\_

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

If your application is a more appropriate fit with other, similar programs may we share it with them?

Yes \_\_\_\_\_ No \_\_\_\_\_

Unless you give us permission to share your information with other organizations, your application will be kept confidential. If you check yes, you give Skyline CAP, Inc. your consent to share the information you provide on this application with similar organizations like Habitat 4 Humanity or Foothills Housing Corporation.

If Skyline CAP, Inc. selects your house to be repaired, pictures of you and/or your home may be taken.

Are you willing to be interviewed by media reporters or have your project shared on social media?

\_\_\_\_\_ YES, interviews are okay

\_\_\_\_\_ YES, sharing on social media is okay

\_\_\_\_\_ NO, I do not want interviews

\_\_\_\_\_ NO, please do not share on social media

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: \_\_\_\_\_

