



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

45C Business Park Dr.
 Ruckersville, VA 22968 Madison, VA 22727 Phone: (540) 948-3916
 Fax: (434) 985-6035

Skyline CAP Emergency Home Repair Program

APPLICATION DATE: ___ / ___ / ___

Name _____

Date of Birth ___ / ___ / ___ **Social Security #** ___ / ___ / ___

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:** _____

Gender: Female ___ Male ___ Other _____

Do any household members have a disability? Yes ___ No ___

Have you served in the Military? Yes ___ No ___

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

Race: American Indian/Alaskan Native ___ Asian ___ Black/African American ___ Native Hawaiian and Other Pacific Islander ___
 White ___ Other ___ Multi-race ___

Ethnicity: Hispanic ___ Non-Hispanic ___

Do you own your 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**



11/08/2020 RJH

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:** _____

