



GATES COUNTY HOUSING SMALL HOME REPAIR APPLICATION

Please complete all information accurately. Failure to do so may result in denial of application.

MAIL TO: GATES COUNTY HOUSING, PO BOX 185, GATESVILLE, NC 27938
 EMAIL TO: info.gchousingcom@gmail.com
 DELIVER TO: GATES COUNTY DEPART OF SOCIAL SERVICES, 122 Main Street, Gatesville, NC 27938
 PHONE: (252) 357-2132

DATE: _____

APPLICANT'S NAME: _____

PHYSICAL ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP CODE: _____

IF DIFFERENT MAILING ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP CODE: _____

LAND LINE PHONE NUMBER: _____ CELL NUMBER: _____

DIRECTIONS TO HOME: _____

ALL MEMBERS INFORMATION LIVING IN HOUSEHOLD MUST BE LISTED

LIST HOUSEHOLD MEMBER(S)	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY #	INCOME TYPE	ANNUAL INCOME
	SELF				
				TOTAL INCOME	\$ _____

MONTHLY EXPENSES:

(ALL HOUSEHOLD MEMBERS)

HOME OWNER INSURANCE:	\$ _____
MORTGAGE/RENT:	\$ _____
PROPERTY TAX:	\$ _____
WATER:	\$ _____
ELECTRIC:	\$ _____
KERO/GAS/WOOD:	\$ _____
VEHICLE :	\$ _____
VEHICLE INSURANCE:	\$ _____

LAND LINE PHONE:	\$ _____
CELL PHONE:	\$ _____
LIFE AND HEALTH INSURANCE:	\$ _____
FOOD:	\$ _____
CABLE/INTERNET:	\$ _____
OTHER EXPENSES - PLEASE LIST:	\$ _____

TOTAL EXPENSES	\$ _____

CHECK ELECTRIC COMPANY:

ROANOKE ELECTRIC COOP	
DOMINION	

