

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 ADDRES	ss:							
					STATE: ZIP CODE:			
	CITY/TOWN:							
LAND LINE PHONE NUMBER:				CELL NUMBER:				
DIRECTIONS TO HOME:								
	ALL MEMBERS	INFORMATION	SOCIAL SECURITY	OLD MUS	T BE LISTED			
LIST HOUSEHOLD MEMBER(S)	RELATIONSHIP	DATE OF BIRTH	#		INCOME TYPE	ANNUAL INCOME		
	SELF							
				-	TOTAL INCOME	\$		
MONTHLY EXPENSES:	(ALL HOUSEHOLD							
	HOME OWNER INSURANCE:			LAND LINE PHONE:		\$		
	MORTGAGE/RENT:	\$		CELL PHO	ONE:	\$		
	PROPERTY TAX:	\$		LIFE AND	HEALTH INSURANCE:	\$		
	WATER:	\$		FOOD:		\$		
	ELECTRIC:	\$		CABLE/II	NTERNET:	\$		
	KERO/GAS/WOOD:	<u>\$</u>		OTHER E	XPENSES - PLEASE LIST:	\$		
	VEHICLE :	\$				- -		
	VEHICLE INSURANCE	: <u>\$</u>			TOTAL EXPENSES	\$		
CHECK ELECTRIC COMPANY:	ROANOKE ELECTR	RIC COOP						
	DOMINION							

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Housing Type:									
Do you receive feder	ral, state and/or local assistance? YES	NO	TYPE	T FEDERAL, STATE, LOCA		MOUNT			
How often?	WEEKLY \$				\$ \$				
	MONTHLY \$				\$				
	OTHER \$			TOTAL ASSISTANCE	\$ \$				
Are you a member o	f a church? YESNO								
Are you willing to ac	cept assistance from a church? YESNC	D Ha	ve you red	quested church assistan	ce? YESN	10			
Are you willing and	able to contribute to repair work ?	YES NO							
Number of family me	embers willing to help	List Names:				-			
Total dollar amount	family is willing to provide. \$					-			
Do you own, have life estate or permanent rights to property? YES NO Do you have proof? YES NO									
Does the house have working smoke detectors? : YES NO									
Have you previously received assistance from the Gates County Housing Committee: YES NO									
If yes, list date and services provided:									
LIST HOME REPAIRS NEEDED THAT ADDRESS SAFETY ISSUES. NO COSMETIC ITEMS WILL BE ADDRESSED.									
I give permission for	housing repairs to be used for marketing p	urposes. YES	NO						
	wers given herein are true and complete to Dication as may be necessary in arriving at	•	_	•	ation of all sta	tements			
APPLICANT PRINTED NAME: SIGNATURE:									
DATE									
OFFICIAL USE: Date Application Rec	ceived: Date App	olication Approved	:	Date Application	n Denied:				
Reason Denied:	Incomplete Application:	Ineligible Age:		- Disabil	ity Ineligib <u>le:</u>				
Inaccurate Income Ir	formation:	Not able to verif	y required	dinformation. List:					
Funds not available:									
Day's at Assessment									
Project Assessment:									
	Institution Assigned:								
Name of group overs	seeing approved housing services:		°	Contact/Supervisor for p	oroject:				
Housing Chairperson	or Designated Person Work Approval Signa		·	Date:					
Other Info:									
Housing Chairperson or Designated Person Completion Approval Signature: Date:									
Housing Committee	must authorized and monitor all projects u	ntil completion.							

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