

Submitting an application does not guarantee your home will be chosen as a work site. Its purpose is solely for consideration.

ER Ministries reserves the right to reject any application. Work will be completed by volunteers with youth involvement.

**Submit by March 31, 2021**



Please return completed application to an ER Ministry team member or mail to:

**ER Ministries  
Home Application  
551 Beech Grove Rd  
Burkesville, KY 42717**

## Application for Home Repair Assistance -2021

- † Applicant Name: \_\_\_\_\_ Age: \_\_\_\_\_
- † Address of Home: \_\_\_\_\_  
Directions: \_\_\_\_\_  
\_\_\_\_\_
- † Phone Number: \_\_\_\_\_ or Contact Number: \_\_\_\_\_
- † Do you own your home? Yes \_\_\_ No \_\_\_ (you must own your home; cannot be rental property)
- † Do you live in your home? Yes \_\_\_ No \_\_\_ (you must live in the home requesting repairs)
- † List owner's name as recorded on house title: \_\_\_\_\_
- † Do you attend church? Yes \_\_\_ No \_\_\_ Where: \_\_\_\_\_
- † How did you hear about ER Ministries? \_\_\_\_\_
- † Financially, how much would you be able to assist with the cost of materials? \_\_\_\_\_
- † Briefly describe the home repair needs you are requesting.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- † Has ER worked on your home in the past? Explain \_\_\_\_\_  
\_\_\_\_\_
- † Have you applied in the past and not been accepted? \_\_\_\_\_
- Best time of day to call or visit: \_\_\_\_\_ Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_
- (Be sure to complete all forms application \_\_\_\_, liability \_\_\_\_, income \_\_\_\_ and photo waiver \_\_\_\_)

Received Date: \_\_\_\_\_

Updated 08-29-2020