



Good Works, Inc.  
P.O. Box 1441  
Coatesville, PA 19320  
Phone 610-383-6311  
Fax 610-380-9795

**APPLICATION FOR HOME REPAIR ASSISTANCE  
STEP 1: INTAKE FORM / REQUEST FOR ASSISTANCE**

**Please complete the following information and return to Good Works along with ALL income verification. (See page 3)**

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

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip Code \_\_\_\_\_

Township/Municipality: \_\_\_\_\_

Phone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

How did you hear about Good Works? \_\_\_\_\_

Referred to Good Works by: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

How long have you lived in your home? \_\_\_\_\_ years

How many people currently live in the house? \_\_\_\_\_

**Household composition:** List all persons, including yourself, who currently live at your address:

NAME	RELATIONSHIP	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you (please check one)

own your home?    currently pay mortgage?    rent?    have a lease/purchase?

List all names that appear on the deed: \_\_\_\_\_  
\_\_\_\_\_

Name and Address of Mortgage Company: \_\_\_\_\_  
\_\_\_\_\_

Are mortgage payments current?    Yes    No      Are property taxes paid?    Yes    No

Are mobile home lot fees current?    Yes    No

Name & phone number of mobile home park manager \_\_\_\_\_

Do you own any additional property?    Yes    No

Have you filed for bankruptcy?    Yes    No      If yes, when? \_\_\_\_\_

Do you have home insurance?    Yes    No

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**Income Information:** Income for **ALL** household members must be included to be eligible for home repair help.

Name of Person Working	Place of Employment	MONTHLY Gross Amount

**Resources:**

Does anyone living in the house have the following? If yes, please enter the current value.

Stocks or Bonds    No    Yes \$ \_\_\_\_\_

Trust fund    No    Yes \$ \_\_\_\_\_

Certificate of Deposit    No    Yes \$ \_\_\_\_\_

U.S Savings Bonds    No    Yes \$ \_\_\_\_\_

Savings Account    No    Yes \$ \_\_\_\_\_

Checking Account    No    Yes \$ \_\_\_\_\_

**Other Income** (including Social Security, child support, workers comp, unemployment, SSI, disability, pension, retirement pay, alimony, and interest income)

Name	Source (for example: Social Security)	MONTHLY Gross Amount

**RETURN INTAKE FORM WITH COPIES OF YOUR PROOF OF INCOME.**

**Examples of proof of income include:** one month (4 weeks) of most recent pay stubs (if employed), social security statement, statement of pension benefits, or a current bank statement if income is directly deposited into your bank account.

**If you file an income tax return, you must submit a copy of your most recent Federal Income Tax Return.**

**Federal Income Tax filed:**  Yes  No

**Please list repairs requested: (use back if necessary)**

Please list the repairs requested in order of priority. Keep in mind that Good Works focuses on repairs that make your home WARMER, SAFER, AND DRIER.