



CHESTER COUNTY WHOLE HOME REPAIRS PROGRAM INTAKE APPLICATION

For Office Use Only

Date Received _____

Intake Number _____

Assignment:

GW ☐ GN ☐ HfH ☐ HP ☐ N/A ☐

Agency Ref Number _____

- 1) Date: _____
- 2) Name of Prospective Applicant: _____
- 3) Complete Mailing Address: _____
- 4) Municipality: _____
- 5) Telephone #: _____ Email Address: _____
- 6) Age of Prospective Applicant: _____ Total number of persons living in household: _____
- 7) First names/ages of those in living in household: _____
- 8) Annual Income of Household including those 18 years of age and older: \$ _____
(Includes all gross income (before taxes) from all current sources; including employment, social security, and dependents who receive social security, disability, pensions, interest/dividends, child support income, alimony, unemployment, gambling winnings, rental income, etc. See complete list income inclusions and exclusions at: www.goodworksinc.org/whrp)
- 9) Does your household qualify for one or more of these federal programs? Yes _____ No _____ I don't know _____
Children's Health Insurance Program ("CHIP"); Childcare Subsidies through the Child Care and Development Fund ("CCDF"); Medicaid; National Housing Trust Fund ("HTF"), for affordable housing programs only; Home Investment Partnerships Program ("HOME"), for affordable housing programs only.
- 10) Does your household qualify for one or more of these federal programs? Yes _____ No _____ I don't know _____
Temporary Assistance for Needy Families ("TANF"), Supplemental Nutrition Assistance Program ("SNAP"), Free- and Reduced-Price Lunch ("NSLP") and/or School Breakfast ("SBP") programs, Medicare Part D Low-Income Subsidies, Supplemental Security Income (SSI), Head Start, Special Supplemental Nutrition Program for Women, Infants, and Children ("WIC"). Section 8 Vouchers, Low-Income Home Energy Assistance Program ("LIHEAP"), and Pell Grants.
- 11) Are you the owner occupant of your home? Yes _____ No _____
- 12) Do you have a recorded deed? Yes _____ No _____
- 13) Are your taxes paid, or are you on an approved payment schedule? Yes _____ No _____
- 14) Are you a renter? Yes _____ No _____
- 15) Please classify your home type as follows:
Single-family housing unit _____ Duplex in which you reside _____ Multi-family housing unit _____
Trailer/Mobile home on lot that you own _____ Trailer/Mobile home located in a mobile home park _____
- 16) Are you a Female head of household (Adult woman with children, no adult male in household)? Yes _____ No _____
- 17) Are you active duty or a veteran of a U.S. Armed Service? Yes _____ No _____ Branch: _____
- 18) Ethnicity: Hispanic or Latino: Yes _____ No _____
- 19) Racial Group: White _____ Black/African American _____ Asian _____ Native American Indian _____
Other (please state) _____
- 20) Were you impacted by the COVID Pandemic? Yes _____ No _____
If "Yes" indicate how you were impacted (check all that apply):

<input type="checkbox"/> Job Interruption/Loss	<input type="checkbox"/> Financial Instability
<input type="checkbox"/> Food or Housing Insecurity	<input type="checkbox"/> Delayed Education
<input type="checkbox"/> Prolonged Physical Illness (e.g. Long COVID)	<input type="checkbox"/> Mental Illness (Anxiety or Depression)
<input type="checkbox"/> Loss of life for family or friends	<input type="checkbox"/> Other: _____

21) What general home improvements are needed: _____

22) Are you permanently disabled as declared by a Physician: Yes _____ No _____
Type of Disability (description) _____

23) Do you need accessibility improvements to your home? Yes _____ No _____
If yes, what accessibility improvements are needed? _____

Return Completed Application via US Mail to: GW-WHRP, PO Box 1441, Coatesville, PA 19320 or WHRP@goodworksinc.org

Disclaimer: This Project was financed by a grant from the Commonwealth of Pennsylvania, Department of Community & Economic Development and the Chester County Department of Community Development. Applications will be accepted until all funds have been awarded to eligible applicants.



The Chester County WHRP Coalition does not discriminate on the basis of race, color, religion, sex, handicap (disability), familial status (families with children) or national origin, age, ancestry and use of guide or support animals because of blindness, deafness or physical handicap of the user or because the user is a handler or trainer of support or guide animals.