



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)**

In Office Use Only: Rc'd _____ DB __ SB __ AK __
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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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*(use back if necessary)*



Good Works 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.



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

**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/IRA     No             Yes \$ \_\_\_\_\_
- Certificate of Deposit  No             Yes \$ \_\_\_\_\_
- U.S Savings Bonds  No             Yes \$ \_\_\_\_\_
- Savings Account     No             Yes \$ \_\_\_\_\_
- Checking Account     No             Yes \$ \_\_\_\_\_



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**Other Income** (including Social Security, child support, workers comp, unemployment, SSI, disability, pension, retirement pay, alimony, rental 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:** three (3) consecutive, 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.



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