

CUSTOMER INTAKE FORM (HOME REPAIR) OR (MHRP)

DATE: _____

NAME: _____

PHONE #: _____

ADDRESS: _____

COUNTY: _____

REQUESTING HELP WITH: _____

TYPE OF HOME? _____ IF MOBILE HOME - YR? _____

IF MOBILE HOME - DO YOU HAVE A CLEAR TITLE? YES NO N/A

IF MOBILE HOME - DO YOU OWN THE LAND IT SITS ON? YES NO

OF PEOPLE IN THE HOUSEHOLD? _____ ADULTS _____ CHILDREN

ANY MEMBER OF HH 60 YRS OR OLDER? YES NO

OWN BY RECORDED DEED? YES NO LAND CONTRACT
 LIFE USE

LAND & SCHOOL TAXES PAID CURRENT? YES NO

HOMEOWNER'S INSURANCE? YES NO

MORTGAGE PAID CURRENT? YES NO N/A

HH ALREADY WEATHERIZED: YES NO IF YES, WHEN: _____
 CURRENTLY ON WAITING LIST

HOUSEHOLD INCOME: WAGES
 UNEMPLOYMENT
 SOCIAL SECURITY/DISABILITY
 SSI
 PENSION
 WORKERS' COMPENSATION
 OTHER: _____

HH APPROX. GROSS INCOME/YEAR: _____

AGENCY USE:

ACTION TAKEN: PLACED NAME ON _____ LIST DATE: _____

SENT PRE-APP PACKET DATE: _____

REFERRED TO WAP/TIOGA WAP DATE: _____

REFERRED TO RLF DATE: _____

OTHER: _____