

KARE Inc. Home Repair Application

PO Box 364
Kershaw, SC 29067
803-475-4173

Applicant Name: _____ # of household members: _____
Address: _____ Length of time at address: _____
Name of Homeowner: _____ Phone #: _____
Social Security #: _____ - _____ - _____ Age: _____

Household members:

<u>Name:</u>	<u>Age:</u>	<u>Place of Employment:</u>
Applicant:		
#2:		
#3:		
#4:		
#5:		
#6:		

Monthly Income:

Earnings: _____ Child Support: _____ AFDC: _____
Social Security: _____ SSI: _____ Food Stamps: _____
VA: _____ Other Income: _____

Monthly Expenses:

Housing: Mortgage: _____ Rent: _____ Electric: _____ Gas: _____
Water: _____ Oil: _____ Taxes: _____ Insurance: _____ Trash: _____

Auto: Make: _____ Model: _____ Year: _____
Monthly Payment: _____ Insurance: _____

Additional Debt, Expenses or Loans: _____

Home Repairs Requested:

- 1.
- 2.
- 3.
- 4.

KARE Inc. is requesting that homeowners agree to contribute toward the cost of the repair supplies. You will be assessed a percentage based on your ability to pay, or you may assist in the repair yourself. The work will be performed by KARE Inc. volunteers.

I the undersigned agree that all the information provided is true to the best of my knowledge. I understand that if my home is approved as a KARE Inc. Home Repair Project, I will be receiving home repair services from KARE Inc., a non-profit organization. By receiving these services, I hereby agree to not hold KARE Inc. (Kershaw Area Resource Exchange Inc.), its employees, officers, directors, members, as well as its volunteers, whether or not they are directly working on my property, for any injury either for property damage to my real or personal property, or personal injury to me or household, for any reason whatsoever.

Homeowner Signature: _____ Date: _____

Witness: _____ Date: _____

Job evaluated by: _____ Date: _____

Job Difficulty: _____

Estimated Length of time to complete: _____

Estimated # of Workers needed: _____

Evaluation of Job:

Materials List:

Tools required:

Final Review of Project: Accepted: _____ Not Accepted: _____

Notes:

KARE Inc. Representative Signature: _____ Date: _____