



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

Please complete the following information and return to HandyWorkx Access and Mobility 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 us _____

Referred to HandyWorkx Access and Mobility 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

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 HandyWorkx Access and Mobility focuses on repairs that make your home WARMER, SAFER, AND DRIER.