



Application Form – Individual

Date: _____

Referred By: _____

Homeowner Information

Name of homeowner _____

Address _____ Zip _____ Phone _____

Names(s) on home deed _____

Ages and relationships of other residents _____

Disabilities _____

Has “Notice and Order” from the Division of Code Enforcement been received? _____

Income Information (Current proof of income must accompany this application. You must send a statement verifying the income for anyone living in the home who is 18 years of age or older (i.e. social security statement, check stub or copy of a check))

Annual Income _____ Sources _____

Other resident's annual income _____ Sources _____

Asset Information

Please list other property owned _____

Other assets _____

Information on Local Relatives

Name of local family member _____ Phone _____

Complete this section for Repairs and/or Description of Need

Information on Repairs Needed

____ Roof Repair	____ Gutters	____ Siding
____ Caulking	____ Window Glazing	____ Roof Replacement
____ Exterior Painting	____ Install Storm Windows	____ Other _____
____ Soffits	____ Tuck pointing	_____

Do you have estimates for work needed? _____

If so, please provide copies with this application

What are the time constraints (urgency) on this project?

What can you contribute to this project?

Area of need other than home repair:

Have you applied for assistance with other agencies or organizations? _____

If so, please explain and was assistance given:

Please complete the application and sign below:

Signature

Signature

**Return signed application along with
requested items to:**

Home Builders Association of Lexington
c/o Home Builders Care
3146 Custer Drive
Lexington, KY 40517

Phone: (859) 273-5117 ext. 25

Fax: (859) 271-0291