

**FOCUS APPLICATION FOR HOME REPAIRS**

*Mail completed application to FOCUS, PO BOX 524, Hamilton GA 31811*

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Method of initial contact with FOCUS:

DFACS\_\_\_\_ Health Dept.\_\_\_\_ Telephone\_\_\_\_ Walk-In \_\_\_\_ Website \_\_\_\_ Other\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ CELLPHONE \_\_\_\_\_

Number of adults living in home: \_\_\_\_\_ List names/relationship:  
\_\_\_\_\_  
\_\_\_\_\_

Number of children living in home: \_\_\_\_\_ List names and ages of children:  
\_\_\_\_\_  
\_\_\_\_\_

Is home owned? Yes/No If Yes, Name on Deed: \_\_\_\_\_

Is there a mortgage? Yes/No

Name of Mortgage Company \_\_\_\_\_

Mortgage Acct. No. \_\_\_\_\_

Mortgage Company Phone No. \_\_\_\_\_

Monthly House Payment \$ \_\_\_\_\_ Home Owner's Insurance \$ \_\_\_\_\_

Taxes must be paid to date. Exemptions? \_\_\_\_\_

Car payment \$ \_\_\_\_\_

Water \$ \_\_\_\_\_

Electric \$ +/- \_\_\_\_\_

Gas \$/tank \_\_\_\_\_

Cable/Satellite \$ \_\_\_\_\_

Cell phone \$ \_\_\_\_\_

Medications \$ \_\_\_\_\_

Car insurance \$ \_\_\_\_\_

Home Phone \$ \_\_\_\_\_

Health Insurance \$ \_\_\_\_\_

Life Insurance \$ \_\_\_\_\_

Total Monthly Earned Income \$ \_\_\_\_\_

List all income sources: Social Security \$ \_\_\_\_\_ Retirement \$ \_\_\_\_\_

Disability \$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_

TANF \$ \_\_\_\_\_ WIC \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_ Other \_\_\_\_\_

Directions to house:  
\_\_\_\_\_  
\_\_\_\_\_

Name of Church: \_\_\_\_\_

Minister's name & Telephone No: \_\_\_\_\_

*This page to be completed by FOCUS Representative, please leave blank.*

Initial visit by FOCUS: Date \_\_\_\_\_

FOCUS Representative: \_\_\_\_\_

**TOTAL MATERIAL COSTS: \$** \_\_\_\_\_

### **FOCUS WORK CHECKLIST**

Name of case worker: \_\_\_\_\_

What repairs are needed:

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Name and Telephone No. of those able to complete repair work:

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Date of inspection: \_\_\_\_\_

Name of inspector: \_\_\_\_\_

Estimate of cost: \_\_\_\_\_

Explain that FOCUS arranges for purchase of materials

Explain homeowner has to pay for labor

Date job referred to work crew: \_\_\_\_\_

Date job to be completed by: \_\_\_\_\_

Work must be completed by date agreed too

Date work began: \_\_\_\_\_

Date work completed: \_\_\_\_\_

FINAL VISIT BY FOCUS REP. (DATE) \_\_\_\_\_

Total cost of Materials: \$ \_\_\_\_\_

- (1) Ensure home owner has sufficient funds to pay for repairs.
- (2) Ensure home owner is aware that FOCUS is not able to do cosmetic work, or return for future repairs for several years.
- (3) Ensure contractor knows FOCUS will not pay them.
- (4) Obtain cost of materials before approval.

Home owner's signature: \_\_\_\_\_