



**MINOR HOME REPAIR PROGRAM**  
 5026 196th St SW  
 Lynnwood, WA 98036  
 PHONE: (425) 265-2222

*IMPORTANT: You must be registered with our program before any repair service may be provided.*

*Don't wait for an emergency... Please send in your application today.*

**APPLICATION FOR REPAIR ASSISTANCE**

|  |   |  |   |
|--|---|--|---|
| First Name:  |   | Last Name:   |   |
| Address:   |   | City:  | Zip:  |
| Mailing Address:<br>(If different)   |   | City:  | Zip:  |
| Telephone #: (      ) -  |   | Cell Phone #: (      ) -   |   |
| <b>MUST send proof of age.</b>   |   | <b>MUST provide proof of disability, if younger than 62.</b>                 |   |
| Birthdate: / /   |   | Age:      Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female  | Are you a Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Army<br><input type="checkbox"/> Air Force          | <b>Branch of Service</b><br><input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy<br><input type="checkbox"/> Marines <input type="checkbox"/> Other |
| Email Address:   |   |  |   |
| Number of people living in your home: _____ <b>You <u>MUST</u> include proof of income for <u>each</u> household member.</b> |   |  |   |
| Household Member Name  | Relationship  | Household Member Name  | Relationship  |
|  |   |  |   |
| Is there a child 6 years or younger living in this home?   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No                     |   |

**HOUSEHOLD MONTHLY INCOME**

|  |    |  |    |
|--|----|--|----|
| <b>Social Security(s):</b><br><i>(send <u>current</u> award proof)</i>           | \$ | <b>If you have a job – Gross Wages YTD:</b><br><i>(send proof)</i> | \$ |
| <b>Supplemental / Disability SS:</b><br><i>(send <u>current</u> award proof)</i> | \$ | <b>Rent from roommate:</b><br><i>(send proof)</i>                  | \$ |
| <b>IRA/Annuity Income:</b><br><i>(send proof)</i>                                | \$ | <b>Interest Earned:</b><br><i>(send proof)</i>                     | \$ |
| <b>Pension(s) or Retirement(s):</b><br><i>(send proof)</i>                       | \$ | <b>Other Source:</b><br><i>(send proof)</i>                        | \$ |
| <b>TOTAL</b> Income From All Sources: \$   |    |  |    |

**PLEASE TURN OVER**

Please contact our office if you have a household member with zero income. 425-265-2222

### HOME INFORMATION

|   |  |
|---|--|
| Type of residence: <input type="checkbox"/> House<br><input type="checkbox"/> Mobile Home<br><input type="checkbox"/> Condo   | Ownership: <input type="checkbox"/> Own<br><input type="checkbox"/> Buying<br><input type="checkbox"/> Lifetime Rights** |
| <i>** If you occupy the home under a Lifetime Rights Agreement, the owner MUST complete the Lifetime Rights Agreement statement, have it notarized, and return it with the application. If you need a Lifetime Rights Agreement statement, please contact our office.</i> |  |
| Is your home listed for sale? <input type="checkbox"/> YES <input type="checkbox"/> NO  | <b>PLEASE NOTE:</b> You are required to notify Minor Home Repair <u>immediately</u> upon listing your home for sale.     |
| How many bathrooms do you have in your home?  | _____  |
| How long do you plan to live in your home?  | _____  |
| Emergency Contact Name ( <u>not</u> living with you):   | Emergency Contact's Phone Number:  |

**PLEASE NOTE:** You are required to notify Minor Home Repair immediately to report any changes in the total household income or any change to the number of people living in the home.

|   |      |
|---|------|
| <b>PLEASE READ CAREFULLY:</b>   |      |
| In consideration of any Minor Home Repair service rendered pursuant to this application, the undersigned hereby waives any claim for damages to persons and/or property arising from such services, and further understands and agrees that no warranty, express or implied, is made as to the quality of material or workmanship. By my signature, I hereby agree that Minor Home Repair may contact any persons and/or private or governmental entity necessary to verify the information contained herein. Further, I affirm, under penalty of law, that the information given above is true and accurate to the best of my knowledge. I realize that willful falsification by me may render me ineligible for Minor Home Repair services and may subject me to penalties as provided in Washington State Law. (RCW 74.08.005) |      |
| Signature   | Date |

Signature and date are required to process your application.

*Incomplete forms and/or without income verifications will be returned to you.*

