



# Free Home Repair 2020 APPLICATION

Application deadline 3/31/20



### COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE WORK WILL BE DONE

- Work Camps are intensive one week trips that help people grow in Christian faith through service. Individuals and youth from around the country will spend one week in our community performing hands-on home repairs for homeowners who are elderly, low - income and/or disabled. Work at each home will be done **July 20 - July 24** by 5 young people and at least one supervising adult leader. **Important Update for 2020 WorkCamp** this year, it is required by all Cosponsors to run all residents that we will be serving (and any other adults that will be at the home during the week) through the sex offender registry.

### THIS PROGRAM IS NOT AVAILABLE TO LANDLORDS OR TENANTS

**(This program does not include repairs to roofs, windows, electricity, plumbing, floors or redecorate kitchens)**

#### What work do you need done?

- |  |  |
|--|--|
| <input type="checkbox"/> Step repair       | <input type="checkbox"/> Wheelchair ramp repair/construction |
| <input type="checkbox"/> Exterior painting | <input type="checkbox"/> Porch repair                        |
| <input type="checkbox"/> Interior painting | <input type="checkbox"/> Other minor repairs                 |

#### Please return application to:

Action for a Better Community  
Attn: 2020 Group Work-Camp  
400 West Avenue  
Rochester, NY 14611  
Fax (585) 325-2342  
csantana@abcinfo.org  
Questions? 325-5116 ext. 3402

#### Labor and materials are FREE to qualifying households

Family Size	Monthly Income
1	\$1,216
2	\$1,639
3	\$2,061
4	\$2,484
5	\$2,907
6	\$3,330
7	\$3,753
8	\$4,176
Each Add'l	\$423

Your name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Your address \_\_\_\_\_ Cell phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email \_\_\_\_\_

Do you own your home?  Yes  No Age? \_\_\_\_\_

Briefly provide details about the work you would like to have done: \_\_\_\_\_

Five teens working for five days can only do a certain amount of work. If your home it's selected, which project is the top Priority? \_\_\_\_\_

Is your home part of the Historical Society registry? \_\_\_\_\_

**MUST PROVIDE PROOF OF INCOME (SSI, SS, PAYSTUB, ETC)**

<b>Gender</b>	<b>Ethnicity</b>	<b>Family Size</b>	<b>Household Income</b>
<input type="checkbox"/> Male	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> 1 <input type="checkbox"/> 7	<input type="checkbox"/> _____
<input type="checkbox"/> Female	<input type="checkbox"/> White / Non Hispanic	<input type="checkbox"/> 2 <input type="checkbox"/> 8 or more	
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> 3	<b>Education</b>
	<input type="checkbox"/> American Indian	<input type="checkbox"/> 4	<input type="checkbox"/> 0-8
	<input type="checkbox"/> Or Alaskan Native	<input type="checkbox"/> 5	<input type="checkbox"/> 9-12
	<input type="checkbox"/> Asian	<input type="checkbox"/> 6	<input type="checkbox"/> High School Grad/GED
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Non High School Graduate
	<input type="checkbox"/> Multi-Race (any two or more of the above)		<input type="checkbox"/> 12+ some post-secondary
			<input type="checkbox"/> 2-4 Year College

**Source of Family Income**

(Check all that apply)

- TANF/DHS
- SSI/SSD
- Social Security
- Pension
- General Assistance
- Unemployment Insurance
- Employment + Other source
- Employment Only
- Other

**Family Type**

- Single Parent Female / Male
- Two Parent Household
- Single Person
- Two Adults / No Child
- Other \_\_\_\_\_

**House Type**

- I Unit Owner Occupier
- 2 Unit Owner Occupier/Rent
- Other

**Ages in Household**

- 0-5  24-44
- 6-11  45-54
- 12 -17  55 -69
- 18 -23  70 +

**Health Insurance**

- Covered
- V.A.
- No insurance

Other information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Application deadline March 31, 2020**