



# Home Repair Application

SITE ID: \_\_\_\_\_

Neighbors Helping Neighbors RI (NHNRI) is a 501(c)(3) non-profit organization devoted to helping families stay in their homes by offering free home repairs to qualifying low-income Washington County RI homeowners. All work is performed at no cost to the homeowner. By completing this application, you are stating you are qualified to request that your home be considered for free repairs by Neighbors Helping Neighbors RI.

Owner's Names: \_\_\_\_\_ Phone: \_\_\_\_\_

Can phone number receive text messages: \_\_\_\_\_ Yes \_\_\_\_\_ No

Additional Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address of primary contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you own this home: \_\_\_\_\_ Yes \_\_\_\_\_ No

Number of people residing in your home: \_\_\_\_\_ Annual Total Household Income: \$ \_\_\_\_\_

Briefly describe the work you think is needed, please limit your request to no more than two (2) projects and list them in order of importance. If your application is accepted for review, we will schedule a viewing of your property to assess the project(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand and agree this is only an application to be considered for free home repair assistance from Neighbors Helping Neighbors RI. My signature is my acceptance to begin review process by Neighbors Helping Neighbors. This form is not a guarantee that any work will be performed at my property.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_



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Please provide the following information, either below or on an additional page:

1. Bank accounts (institution name and approx balance, no account numbers)
2. Investment accounts, including IRA and 401(k) (institution name and approx balances, no account numbers)
3. Ownership interests in additional properties
4. Assets having a value of \$5,000 or more
5. Interests in corporations or other business entities

Please provide information relative to the following expenses:

1. Mortgages secured by the house which is the subject of this application
2. Mortgages secured by the additional properties referenced in paragraph 3 above
3. Medical expenses for applicant or member of applicant's family which applicant pays in whole or in part

NHNRI reserves the right to request additional documentation to verify the above information.

Neighbors Helping Neighbors RI welcomes applications from all backgrounds regardless of race, color, religion, sex, national origin, ancestry, age, marital status, sexual orientation, gender identity, veteran status, disability, or any other classification protected by law.

Neighbors Helping Neighbors Rhode Island - a 501 (c)(3) non-profit organization  
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[www.nhnri.org](http://www.nhnri.org)