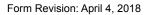


## Brazos County Home Repair Coalition

					u/\\\\/		
Applicant Information							
Name:				Age:	F	or Office Use:	
Address:							
City:	State:	Zip:	Contact Pho	ne:			
Head of Household Yes	No Prima	ary Language:	English	Spanish0	Other:		
Marital Status: Single Married Divorced Widowed Separated Lives w/ Partner							
Disabled Home Occupant?	_YesN	o If Yes, Please I	Describe:				
Ethnicity: Hispanic Black and African American White American Asian American Other:							
Resident Information:							
Currently Occupy Home?	res No I	Number Occupan	nts Under 18 Ye	ears Old?	Annual Ho	ousehold Income?	
House Information:							
Do You Own or Rent	Other?	If Other, Please D	Describe:				
Year House Built? Years You Have Lived in House? Property Taxes Current? Yes No							
Any Liens? Yes No Approx. Square Footage? Do You Have Homeowners Insurance? Yes					surance? Yes No		
Home Repairs In Past Two Years? Yes No If Yes, Please List Repairs and By Whom:							
Service Categories (F	or Office l	Jse) – Do N	ot Comple	te:			
Weatherization	Home Security			neelchair Ramp / /	Porch Repair		
Window Repair / Replace	Sidin	Siding Repair		Foundation Repair		Floor Repair	
Door Repair / Replace	Replace Sheetrock / Panelin		Ap	Appliance Repair / Replace		Interior Cleaning	
Roofing	Lighti	Lighting		Plumbing		Electrical	
HVAC	Smol	Smoke / Fire Detection		Landscaping		Exterior Cleaning	
Trash / Waste Mgmt.	Paint	Painting / Paint Prep		Mold / Mildew		Appliance Venting	
Ongoing Maintenance	Septi	Septic System Repairs		Safety: Grab Bars / Hand Rails		Aging in Place Items	
List Others:							
Home Repair Request	:						
Describe Needed Home Repairs	<b>S</b> :						
Acknowledgements:	4	amata ta O	-1	uladas E. W			
The information provided is true and accurate to the best of my knowledge. Furthermore, I authorize the enclosed contact information to be shared, with other Brazos County Home Repair Coalition Members, in order to contact me about performing work on my home. Completion of this form doesn't not provide a promise that BCHRC Members will work on your home.							
Homeowner's Signature:					Date:		
BCHRC Member:				BCHRC Organization:			







We are the beloved community... The Brazos Valley

## Brazos Valley CharityTracker Network RELEASE OF INFORMATION (ROI)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_

Address:	City, State:	Zip:		
Date of Birth:	Phone:			
mm/dd/	уууу			
agencies and churches in the	acker Network is a computerized, cloud-base Brazos Valley who collaborate with each or who are in need of assistance.	•		
participate in the Brazos Val about the Network and to re	ntion gathered about me is personal and privaley CharityTracker Network. I have had an oewiew the basic identifying information, which have the basic identifying information and Churches to should be should	pportunity to ask questions ch is authorized by this release		
the bottom of this page unle	will remain in effect for 3 years from the dates I make a formal request in writing to the oseph.org that I no longer wish to participa Relationship	Brazos Valley Network by		
l authorize,	as part of the	ne Brazos Valley CharityTracker		
	ency/Church/Organization) identifying, and non-confidential service tra	nsactions/information with		
·	Agencies. I authorize the use of a copy of th			
for the purposes stated above	-			
X	X			
Client and/or Parent-Legal C Authorizing Signature		entative Signature		
X_	x_			
Printed Name	Printed Name	Printed Name		
Date:	Date:	Date:		