Westminster Home Connection (615) 693-2153

Email referral to info@westminsterhomeconnection.org

**Date Submitted:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* supporting documents required:** *Age, Income, Home Ownership & taxes current or being paid*

* Age
	+ Acceptable Proofs: Identification Card, Driver’s License (even expired), Birth Certificate
	+ Any document that includes legal name *and* Date of Birth
* Income
	+ Acceptable Proofs: Bank Statement, Paystub, Social Security Letter, Pension Letter, etc.
	+ Any document that includes legal name *and* income
* Home Ownership
	+ Acceptable Proofs: Deed or Trailer Title
	+ Address must match the address where repairs are requested and the homeowner name on the deed must match at least one of the clients
	+ This is public record. If you cannot supply a deed, we can secure it.
* Taxes
	+ Acceptable Proof: Receipt showing paid Property Tax from previous year
	+ This is public record. If you cannot supply a receipt, we can secure it.

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| **Client name** |  |
| **Address, City, Zip Code** |  |
| **County** |  |
| **Contact number** |  |
| **Care Manager name, Agency, e-mail, phone no.** |  |

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| **Name** | **\*Age** | **\*Income** | **Male** | **Female** | **Ethnicity** | **Veteran** | **Relationship** |
|  |  |  |  |  |  |  | *Client* |
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* **Total Household Income** $\_\_\_\_\_\_\_\_\_ per month *(total from chart - includes all incomes from people living in home)*
* **Homeowner** \_\_\_\_ or **Renter** \_\_\_\_ If homeowner, are taxes current or being paid? Yes\_\_\_\_ No\_\_\_\_\_

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| **\* Names on Deed** |
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**Additional Details**

* **Do you have regular appointments or doctor’s visits? If so, please list the days and times you are unavailable: ­­­­­­**

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* **Smoker(s) in the home?** No \_\_ Yes \_\_ If yes, describe the situation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Pets in the home?** No \_\_ Yes \_\_ If yes, describe the situation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Need:** \_\_ Critical \_\_ Home Modification \_\_ General Home Repair/ Maintenance \_\_ Other
* **Has received assistance for any *Home repair*, *Modification*, or *Sort-Pack-Move* within the last three years:** No\_\_ Yes \_\_ If yes, describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Has applied for any assistance for *Home repair*, *Modification*, or *Sort-Pack-Move* within the last three years:** No\_\_ Yes \_\_ If yes, describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of Need** *(Be as detailed as possible)*

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 **If Special Consideration is needed, list reasons**

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