



**Oldham County Repair Affair
Application For Repairs**



*(Print & Mail or Fax To Rick Bissmeyer/OC Red Cross
P O Box 338, Buckner KY 40010 FAX: 222-5411)*

Applicant Information

Name: _____

Address: _____

Contact Person: _____

Telephone #: _____

Additional Contacts: _____

Additional Contact Phone: _____

Social Security #: _____

Directions: _____

Household Composition & Income:

Name	Relation	Age	Sex	Source	Monthly Income	Amount

Repairs To Be Done:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Roof Repairs | <input type="checkbox"/> Roof Replacement | <input type="checkbox"/> Electrical | <input type="checkbox"/> Gutters |
| <input type="checkbox"/> Downspouts | <input type="checkbox"/> Insulation | <input type="checkbox"/> Soffits | <input type="checkbox"/> Ceilings |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Tuck-Pointing | <input type="checkbox"/> Caulking | <input type="checkbox"/> Siding |
| <input type="checkbox"/> Drywall | <input type="checkbox"/> Floor Replacements | <input type="checkbox"/> Covering | <input type="checkbox"/> Ramps |
| <input type="checkbox"/> Window Glazing | <input type="checkbox"/> Window Repairs | <input type="checkbox"/> Window Replacements | |
| <input type="checkbox"/> Interior Painting | <input type="checkbox"/> Exterior Painting | <input type="checkbox"/> Porch Repairs/Replacements | |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Faucets | <input type="checkbox"/> Toilets | <input type="checkbox"/> Tubs |
| | | | <input type="checkbox"/> Water Heaters |

Interviewed By: _____ Date: _____

NOTE: All repairs marked above may or may not be done due to lack of time and/or expenses. I hereby certify that all the information/documentation provided to the Repair Affair for my consideration as recipient of the Repair Affair homeowner repairs is true and correct. I also understand that providing false information will result in my disqualification from the program.

Signature Of Applicant

Date