



## FIX IT! Application

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Date:

Last Name:

First Name:

MI:

DOB:

Property Address:

City:

Zip:

Zip must be 29464, 29466, 29451, 29482 to be eligible for FixIt!

Phone Number to best reach applicant:

Alternate phone number of family member or friend:

The East Cooper Faith Network Fix It initiative works to provide homeowners in need with essential home repairs as well as wheelchair ramps via the coordination of skilled volunteers and the collaboration of community agencies. The focus of this group is to ensure safe, healthy, and accessible homes for our neighbors in the East Cooper communities.

Before completing the entire application, please complete the following three questions as a pre-screening. If you answer 'No' to any of the below questions, your project is not eligible to be a project considered by ECFN's FixIt!. If you answer YES to all of the below questions, please proceed with filling out the rest of the application on pages two through four of this packet.

Is the application dwelling a single family residence?

Yes

No

Do you own the residence?

Yes

No

Do you currently live in the residence?

Yes

No

Reminder, the residence must be in Mount Pleasant (29464 or 29466), Sullivan's Island (29482), or IOP (29451).

If your project is eligible for Fix It consideration:

A. What resources are you or your family able to contribute to the project? (Please select all that apply.)

Labor

Materials

Funding

Prayers

Other (please list)

What community of faith or church would partner with Fix It to complete the project?



When is the best time to contact you?:

Marital Status:  Single  Married  Divorced  Widowed

Is applicant employed?  Yes  No If so, where & how long?

Employment status:

Is this an Heir's Property?  yes  no

Do you have property insurance:  yes  no

If yes, please provide: Insurance Company  
Policy #

Agent's Name

Year home was built:

Years applicant has lived in home:

Home Type:  Single Family Detached  Single Family Attached (Duplex)  Mobile Home

# of Bedrooms:

# of Bathrooms:

Total Square Feet:

Describe in detail the home repairs you are seeking assistance with:

Are elements coming inside the house (elements include weather elements such as wind and rain and other elements of nature including snakes, rats, etc.)  Yes  No

Is the client trapped inside their home? (i.e. no wheelchair ramp)  Yes  No

Is walking or using a wheelchair to get around the house a safety hazard (i.e. holes in the floor or flooring falling in)?  
 Yes  No

Is accessibility to the bathroom, kitchen, or bedroom limited for any member of the household?  Yes  No

If this home were not repaired, would the safety, health, or lives of the household members be in jeopardy?

Yes  No

Explain:

Please continue to next page...



Please list all monthly income:

Source	Gross Monthly Amount	Person Receiving

Please list all Expenses/Government Benefits:

Source	Gross Amount and Frequency	Person Receiving

- Please select all that apply:
- running water       running water working       hot water
  - Electricity       electricity working       indoor toilet       indoor toilet working       septic system
  - Septic system working       window AC unit       Central HVAC       water & sewer at site

Referring Agency (if applicable):

Person receiving application:

Name:

Name:

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

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

Please continue to next page...



I/We have provided verification of all anticipated annual income and other information necessary to satisfy requirements of occupancy for each person named herein. I/We certify that the statements and all information herein are true and complete to the best of my/our knowledge and are given under the penalty of perjury.

I/We agree that the household income, household composition and other eligibility requirements shall be conditions of this occupancy and that failure or refusal to comply with a request for information or documents required in verifying the statements certified herein.

The Certification of Total Household Income is to be made part of the agreement entered into the Recipient and the Occupant(s).

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Head of Household Signature

East Cooper Faith Network uses a computerized record keeping system that contains information about people experiencing need for emergency services. I authorize East Cooper Faith Network to share my and my dependent's basic identifying and non-confidential service transactions/information as needed with other organizations so as to enable the best possibilities for assistance with my need.

\_\_\_\_\_  
Client and/or Parent-Legal Guardian's Authorizing Signature

East Cooper Faith Network shall retain the right to determine whether or not to proceed on a home determined to have lead should removal prove to be too costly.

\_\_\_\_\_  
Client and/or Parent-Legal Guardian's Authorizing Signature

I hereby authorize East Cooper Faith Network and the project sponsor to use, reproduce, and/or publish all written and/or visual materials, including photographs and video that may pertain to me. I understand that this material may be used in various publications, public affairs releases, recruitment materials, or for other related endeavors. This material may also appear on East Cooper Faith Network or the project sponsor's Internet Web Page. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. Consequently, East Cooper Faith Network or the project sponsor may publish materials, use my name, photograph, video, and/or make reference to me in any manner that East Cooper Faith Network or the project sponsor deems appropriate in order to promote/publicize service opportunities.

\_\_\_\_\_  
Client and/or Parent-Legal Guardian's Authorizing Signature

East Cooper Faith Network does not discriminate against any client, employee, or volunteer because of age, gender, sexual orientation, race, religion, national origin, veteran status, or disability.

East Cooper Faith Network | Fix It  
www.ecfaithnetwork.org