OCOEE OUTREACH
Access & Empowerment.

Thank you for requesting an application for home repair provided by Ocoee Outreach. We are a Cleveland, TN faith based, nonprofit organization that utilizes volunteer labor to come alongside homeowners that are in need of assistance at no charge to the homeowner.

A few things about the application process:

- Please fill out the attached application FULLY as all details are required.
    - Ages, employment, financial information is pertinent for grant funding.

- Submission of the application puts you on the list for your home to be assessed in person. After assessment, our goal is to match your project up with the appropriate volunteer team.

- Filling out the application does NOT guarantee our organization can/will be able to complete your request. ***There are circumstances when a project is beyond our volunteers' skills/capability and/or beyond our financial ability.***

- Our funding & volunteer hours are limited- *the primary season for completion of projects is in the months of June & July, with a few projects taking place in the spring & fall.*

- We focus on 3 primary types of repairs:
    - paint/exterior repairs (non-vinyl siding, soffit, facia, etc.)
    - Roof replacement
    - Wheelchair ramps/porches
      **Should your request fall outside of these 3 categories, please describe it fully on your application.*

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Application for Home Repair Assistance

Name

Address

City/State **Zip**

Phone (cell) **Home**

Household Information

***List ALL individuals living in the home--include yourself.*

Name	Relationship	Age	Employment

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS: **Yes** **No**

Do you own your home? ◯ ◯

If no, who owns the home and how long have you resided there?

_____

Type of Home Repair needed: Roof Paint/Exterior Work Ramp

**Please note, Ocoee Outreach is unable to complete interior work.

Yes **No**

Has Ocoee Outreach ever assisted you with your home? ◯ ◯

If yes, when and what work was completed? _____

PLEASE COMPLETE BOTH SIDES OF THE APPLICATION.

Do you or a resident of the home have a documented disability? Yes ◯ No ◯

If yes, what is the disability? _____

Are you or a resident of the home a United States Veteran? Yes ◯ No ◯

MONTHLY EXPENSES (combined household)

- **Housing**
  - Mortgage_____
  - Insurance_____
  - Taxes_____
- **Transportation**
  - Payment_____
  - Insurance_____
- **Utilities**
  - Electric_____
  - Water_____
  - Gas_____
  - Phones_____
- **Food/Groceries**
  - _____
- **Medical**
  - Appointments_____
  - Medicines_____
  - Bills_____
- **Other Debts/Payments**
  - Loans_____
  - Misc. Debt_____

TOTAL MONTHLY EXPENSES

MONTHLY INCOME (combined household)

- **Employment**_____
- **Social Security**_____
- **Food Stamps**_____
- **AFDC**_____
- **OTHER**_____

TOTAL MONTHLY INCOME

Please note that the primary months of home repair completion are April-July of each year due to volunteer availability. This application does not guarantee that your request can be completed.

OCOEE OUTREACH OFFICE USE ONLY

Date Received:

Referral:

Confirmation to applicant:

RETURN BY MAIL TO
Ocoee Outreach
P.O. Box 4606
Cleveland, TN 37320

OR BY DROPOFF TO
Ocoee Outreach
2404 Georgetown Road NW
Cleveland, TN 37311
Black dropbox by door