

**DOES YOUR HOME  
NEED SOME REPAIRS?**

**PAINTING? A NEW  
ROOF? RAMP?**



**ARE YOU UNSURE OF HOW YOU WILL  
BE ABLE TO PAY FOR THEM?**

**....PERHAPS WE CAN HELP**

Ocoee Outreach is a local non-profit ministry which uses volunteer labor to provide **free** exterior home repairs for selected applicants. Approval is based upon demonstrated need, availability and compatibility of volunteers and their skills. In addition, you must be purchasing and residing in your home.

**Applicants for free home repair for 2019 are now being received. Most work will be scheduled for June/July 2019. Consideration is on a first come, first serve basis and will be limited. In order to be considered for free home repairs, all applications must be received by the end of March, 2019. Please complete the entire application.**

Mail Application to:  
**Ocoee Outreach**  
**CrossNet Baptist Network**  
**2707 North Ocoee St.**  
**Cleveland, TN. 37312**

# HOUSING REPAIR PROJECT APPLICATION



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NAME (Head of Household): \_\_\_\_\_

ADDRESS & ZIP CODE: \_\_\_\_\_

HM PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

HOUSEHOLD INFORMATION				
Names	Relationship	Age	Employed (where)	Other Information
	Include yourself here			

Description of Need: \_\_\_\_\_

Do You Own Your Home? \_\_\_\_\_ Who Referred You to Ocoee Outreach? \_\_\_\_\_

Do You Or A Member of Your Family Have A Documented Medical Disability? \_\_\_\_\_

MONTHLY EXPENSES (of entire family)	
<b>HOUSE</b>	
Mortgage _____	
Insurance _____	
Taxes _____	
<b>CAR</b>	
Payments _____	
insurance _____	
<b>UTILITIES</b>	
Electric & Water _____	
Gas _____	
Cell/Land Phones _____	
<b>FOOD</b>	
<b>MEDICINE</b>	
Doctor Visits _____	
Medicine _____	
Hospital _____	
<b>PAYMENTS ON:</b>	
Loans _____	
Misc. _____	
<b>TOTAL EXPENSES</b>	

*Please return or mail to:*

**Ocoee Outreach  
CrossNet Baptist Network  
2707 North Ocoee St.  
Cleveland, TN 37312**

**PLEASE ADD A MAP, OR  
LEGIBLE DIRECTIONS, TO  
THE BACK OF THIS FORM**

MONTHLY INCOME (of entire family)	
Employment	
Social Security	
SSI	
Food Stamps	
AFDC	
Other	
<b>TOTAL INCOME</b>	

**FOR OCOEE OUTREACH USE ONLY:**  
Do Not Write In This Space

Date Received: \_\_\_\_\_ Project #: \_\_\_\_\_

Referral: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_