



DOT Ministries, Inc.
12460 Crabapple Road
Suite 202-224
Alpharetta, GA 30004

Application for Home Repair

Date _____ Phone _____

Name _____ Email Address _____

Physical Address _____

Detailed Directions to Your Home:

Those in Your Household: Please list everyone (name and age) who lives in your home at least some of the time, including yourself:

Those in Your Household: What is the vaccination status against Covid-19 for each member of your household:

Information About Your Home:

Type of Home: Home (single story) Home (2 story) Mobile home Other

Total number of rooms: _____ Number of bedrooms: _____

Number of bathrooms: _____

Repairs Requested - Which item(s) in your home need repair? Please briefly describe the need for each repair:

Area to be repaired

Description of work to be done:

Foundation

Underpinning

Siding / Exterior Walls

Floors

Insulation

Inside Walls / Ceilings

Roof

Windows / Doors

Porch / Steps

Wheelchair Ramp

Handicap Modifications

Electrical / Plumbing

Kitchen

Bedrooms

Bathrooms

Other

Household Information

Applicant has lived at this residence for _____ years.

Please check: Do you own _____ or rent _____ your home?

Landlord's Name: _____ Phone: _____

Total number of people in household: _____ Number of people with disabilities: _____

Applicant's marital status (circle one): Married Single Separated Divorced

Income Sources: _____ Amount: _____

Income Sources: _____ Amount: _____

Income Sources: _____ Amount: _____

Income Sources: _____ Amount: _____

Total monthly household income: \$ _____ (Please provide proof of income)

Family Name: _____

Signature: _____