

Application for Home Repair

Please fill out this form completely and legibly.

Submit by EMAIL (workcamp@arlintondiocese.org) or FAX (703-807-2032) or MAIL to address above.

Questions?: Call Jamie Chichester at (703) 841-2559.

Resident Contact Information:	Contact Information: Date:	
Name:		
Physical Address:	Mailing Address:	
(Street, City, Zip)	(If different)	
Primary Phone: Emouroney Contact Name (Phone)	Alternate Phone:/Phone:	
Referring Service Organization Inform	ation:	
Organization Name:		
Point of Contact:Phone Number:	Email Address	
	Eman Address	÷
Location and Home Information:		
Please attach Google Maps directions Frederick Pike, Winchester, VA 2260	•	ddle School (4661 N
What is the total drive time using Google *Locations more than 45 minutes from the sch		
Select type of home: Mobile Home* Townhon *Name of Mobile Home Community (if applic	ne Single F	
Select property owner: Resident owns home Resident and land but rents	· <u> </u>	t rents home
Proposed Project Information: WorkCamp cannot perform any projects over on based paint, mold, or asbestos. Some projects, so limited in quantity and selected based on need.		
What repairs are needed to make the residen	t's home Warmer, Safer, an	nd Drier?
Wheelchair Ramp Deck/Stair	Flooring	Windows
Bathroom Work Doors	Roof Sealing	Roof Shingling
Other repairs or information:		
Has the resident participated in WorkCamp	previously? No	Yes, Year?
Submit completed form by EMAIL (workcamp@arlin	tondiocese.org) or FAX (703) 807-2	2032) or MAIL (address in letterhead)
pject Proposal Receipt Date: Initials - Enter	orkCamp Use Only ed into DB:	Project ID: