



543 Blue Hole Rd.  
Campbellsville, KY 42718  
(270)-469-4949  
Fax: (270)469-9065  
www.khohome.org

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Dear Applicant,

Thank you for your interest in Kentucky Heartland Outreach. Enclosed, you will find an application for home repair. Please complete and return to our office, located at 543 Blue Hole Rd. Campbellsville, KY 42718 or fax to (270) 469-9065.

Kentucky Heartland Outreach is a non-profit organization that provides free home repairs for low income families. We get grant money each year from the Kentucky Housing Corporation in order to complete repairs on homes such as roofs, decks and wheelchair ramps. If applicants qualify, repairs are completed free of charge.

Because our grant money comes from the state, we have to verify that your household is below the income limit for our program. This limit is different, depending on what county you live in, as well as the number of people that live in your home. In addition, if you own your home, we need a copy of your deed. If your home is a trailer, also include a copy of the title to the trailer. If you do not have your deed, you may visit your County Clerk's Office and they can get you a copy (they may charge you a small fee for making the copy). If you have homeowner's insurance, please include a copy of your policy as well!!

If you or any member of your household receives Social Security or SSI payments, please also include a copy of the 2010 award letter. If you do not have your annual award letter, you may contact the Social Security office and they can print you a new one. If you are able, it is much easier and faster to personally visit the S.S. office, as opposed to calling their toll free number.

Once we receive your application packet, we will review it to determine what other paperwork and forms we still need. We will either mail these to you or make another visit to your home, usually in the spring. Once we have all needed paperwork, we will determine if you are under the income limit. At that time, your file will be given to the Selection Committee and they will determine what repairs we are able to complete, if any.

Please understand that submitting an application does not guarantee we will be able to help with your needed repairs.

Thank you, in advance, for your patience. If you have any questions, please feel free to contact us at (270) 469-4949. May God bless you and your family!

Sincerely,

Heather Hensley  
Client Advocate

Melissa Green  
Case Manager

## Explanation of Needed Forms

Below is an explanation of additional forms that may be needed. The Media Release form and Sworn Statement of Assets are included in this packet and are explained below. The other bullet points explain any other paperwork we may need to process your application faster. If it does not apply to you, skip over it and move on to the next point. \*You only have to send the paperwork that applies to you or someone in your household! We have highlighted the sections that EVERYONE must complete and send in to us.

- Media Release Permission Form(everyone in household 18 and older to sign & date)- Gives KHO permission to use photos of you and your house as well as name and address in any publications we do such as news articles & brochures.
- Sworn Statement of Assets (heads if household sign & date) – Underneath 1<sup>st</sup> bullet list average balance of checking account once monthly bills are paid. 2<sup>nd</sup> bullet - balance of savings account, 3<sup>rd</sup> bullet – income from stocks, bonds, cds, 4<sup>th</sup> bullet – income from rental property, 5<sup>th</sup> bullet – value of trust funds, 6<sup>th</sup> bullet – dollars that can be drawn from retirement accounts without being penalized. If you do not have these things just leave blank. This form does need to be notarized!!
- Pension/Retirement/Annuity Income – If you have a statement that tells the gross amount you receive monthly (or yearly), please include a copy. If not, we will send you a form to fill out.
- Veterans Benefits/Disability Benefits- If you have a statement that tells the gross amount you receive monthly, please include a copy. If not, we will send you a form to fill out.
- Unemployment Benefits – If you have a statement or report that shows the gross amount of unemployment you have received, please include a copy. If not, we will send you a form to fill out.
- Verification of Child Support – If you receive child support payments, please contact your local child support office and ask them to send us a copy of the past 12 months payment history.
- Affidavit of Self-Employment – If you are self-employed, please submit a copy of your most recent tax return.
- Do not forget to submit a copy of your SS & SSI award letters if this applies to your household.
- Do not forget to submit appropriate copies of deeds and titles to prove that you own your home.
- Do not forget to submit copies of your homeowner's insurance policy if you have one.



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## Application for Home Repair

*The contents of this application are confidential and shall remain so, unless otherwise noted.*



**Name of Applicant:**  Mr.  Ms.  Mrs. \_\_\_\_\_

**Name of Homeowner (If different):** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

**Mailing Address (If different):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Age:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_

Do you own your house? \_\_\_ Yes \_\_\_ No

Do you own the land it is on? \_\_\_ Yes \_\_\_ No

Is your home a trailer? \_\_\_ Yes \_\_\_ No

**Please list the name, relation to you, and birth date of everyone who lives in your house and list individual monthly income (if any): (INCLUDE YOURSELF)**

<u>Name</u>	<u>Relation</u>	<u>Birth date</u>	<u>Gross Monthly Income (before taxes)</u>
_____	self	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**What is your average household GROSS monthly income? (before taxes) \$ \_\_\_\_\_.**

**Please check all sources of income you or a member of your household receive:**

Supplemental Security Income (SSI)

Social Security (S.S.)

Retirement/Pension

K-Tap

Child Support

Employed (where) \_\_\_\_\_

Other (explain) \_\_\_\_\_



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Kentucky Heartland Outreach seeks to provide you as much help as possible. Please fill out the following sections regarding the types of repairs you are in need of.

**Please describe the type of work you need in as much detail as possible.**

Steps (front or rear?)     Handrail     Wheelchair ramp (front or rear?)  
 Porch/Deck (front or rear?)     Exterior painting  
 Roofing    Is your roof currently a metal roof?     Or shingled roof?

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**PLEASE NOTE:** Our normal repairs consist primarily of roofing, decking and wheelchair/walking ramps, however, if professional labor is available, we may assist with the following areas. Please check the areas you are in need of.

<input type="checkbox"/> Ext. Siding	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Interior Walls	<input type="checkbox"/> Windows	<input type="checkbox"/> Doors
<input type="checkbox"/> Insulation	<input type="checkbox"/> Electrical	<input type="checkbox"/> Interior Floors	<input type="checkbox"/> Heat/Air	

Is anyone in your home currently in a wheelchair?  Yes  No  
 Does anyone in your home need assistance walking? (i.e. cane, walker)  Yes  No

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**To the best of my knowledge all the information I provided on this application is true. By signing this form, I give KHO permission to release the necessary information, as well as an exterior photograph of the home, to those entities affiliated with KHO who are involved in completing home repairs.**

Homeowner Signature \_\_\_\_\_ Date \_\_\_\_\_

Kentucky Heartland Outreach will not discriminate on the basis of race, gender, color, national or ethnic background, religion, familial status, age, or disability in its administration of services and programs.

**This Application Recommended to KHO by:** \_\_\_\_\_  
**Contact Phone Number:** \_\_\_\_\_

**I recommend this homeowner to Heartland Outreach, understanding that KHO exists to provide free labor and/or home repairs to low and very low-income families in Central Kentucky.**

Signature of Referral: \_\_\_\_\_ Date \_\_\_\_\_



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**Spiritual Needs Assessment**

The disclosure of information on this page is optional and voluntary, having no influence on the approval of this application.

Kentucky Heartland Outreach is a Christian organization which believes in meeting individuals' spiritual needs as well as their physical needs.

The information you provide on this page is confidential.

Are you a Christian? Yes \_\_\_\_\_ No \_\_\_\_\_

Please tell us about your faith:

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Kentucky Heartland Outreach works with a number of organizations, including churches. We ask the following questions to gain knowledge of any partnerships we have that might be of benefit to you.

Do you currently attend church? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what church do you attend? \_\_\_\_\_

Who is your pastor? \_\_\_\_\_

Do you have any prayer requests? \_\_\_\_\_

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Please return form to: Kentucky Heartland Outreach, 543 Blue Hole Road, Campbellsville, KY 42718  
Any questions call: (270) 469-4949 or toll-free at (866) 426-1186



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## MEDIA RELEASE PERMISSION FORM

I, \_\_\_\_\_, hereby grant Kentucky Heartland Outreach (KHO) and any affiliate organizations permission to use photographic images of myself and of my property including the house and surrounding area, or any photographic technique, motion or still, in newsletters or print material, news releases, commercials, videos, radio and television broadcasts, or other media purpose for whatever length of time the organization deems satisfactory to use such materials, as well as written articles regarding myself, including name, and my property.

I also release KHO, any affiliate organizations, and the media entity used, of any liabilities concerning the use of the above and hold those entities harmless by the signing of this form.

\_\_\_\_\_  
Resident Signature (18 and older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident Signature (18 and older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident Signature (18 and older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident Signature (18 and older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident Signature (18 and older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident Signature (18 and older)

\_\_\_\_\_  
Date

