

## Appalachian South Folklife Center (ASFC)

P.O. Box 10, Pipestem WV 25979 (304) 466-0626

appalachianfolklifecenter@gmail.com

For Office Use Only						
Date of home visit				]	Dates of home repair	
Previous work done before	Yes		<u>No</u>	<u> </u>	Week	
Home Repair Agreement Signed	Yes		No		Best size group	
Home Repair Agreement Signed	Yes		<u>No</u>		Days of work	

Home Repair Application							
Date	С	County of Residence		Phone			
Name				Email			
Comple	Complete Mailing Address		•				
Complete Physical/911 Address		Address					
Please Provide us with DETAILED directions to your home starting from your county seat:							

## **Please Note:**

The Appalachian South Folklife Center (ASFC) does all it can to help those in need in our community. However, we are limited in what we can do because of the nature of our work. Mission groups from all over the nation stay at the Folklife Center and during the week perform service work. Most of the people in these groups are teenagers or college students. They are guided by our experienced work crew leaders, while performing basic home repairs. Therefore, we are limited in what we can do by time, budgets, and the skills of the groups doing the work. We try to match homeowners with a group that we feel is best suited for the work. For this reason we cannot guarantee that any work will be done. The work we can do, but are not limited to, is as follows: indoor/outdoor painting, deck repair, major clean ups, yard work, minor repairs (damaged ceiling/walls). The Appalachian South Folklife Center (ASFC) cannot replace windows or do any major roofing repairs. However we can, at times, make minor repairs, such as replacing a broken pane or fixing leaks. All damages and repairs will be assessed during our home visits, so that you will know what we can and cannot fix,

## Household Information

iong have you have in you	r current home?		Do you:	OWN	RENT
Type of home House	How many stories		Mobile Home / Trailer		I NEIVI
Is there anyone in your home wi	-	No	If No, skip this se		ection
disabilities?					
Do you wish to make changes o person(s) with disabilities? Plea			building a w	heelchair ac	cess ramp) for th
- Toda					
Total Number of People in You	ır Household	Monthly	Income of	Household	\$
Name	Age	Source			Amount
Name	Age	Source			Amount
Name	Age	Source			Amount
Name	Age	Source			Amount
Name	Age	Source			Amount
		,	·		
Please describe in detail the r	epairs needed on yo	our home:			
<b>Materials Needed:</b> (To be comp	oleted by the Work Sit	e Supervisor)			
<b>Materials Needed:</b> (To be comp	oleted by the Work Sit	e Supervisor)			
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	,	, ,		lications eac	h year and comm
ease fill out all areas of the app plications will be reviewed first.	lication that apply to y	ou. We review	w many app ia set forth f	or our home	repair program,
ease fill out all areas of the app	lication that apply to y If your application me sit, to access your ne	ou. We review	w many app ia set forth f	or our home	repair program,

Please mail your application to the address found on the first page of this form.

Signature of the person

applying: