**A logo with green leaves

Description automatically generatedFREE HOME REPAIR**

**APPLICATION**

*July 14, 2024- July 20, 2024*

Workcamps are intensive one-week trips that help people grow in the Christian faith through service. Individuals from around the country will spend one week in our community performing home-repair projects for elderly, low-income, Veteran, and disabled families. The work at each home will be done by five young people and at least one adult leader representing many Christian denominations.

Both labor and materials are free to qualifying households. To learn how your home might be included, please complete this confidential application, and return to the address below where it will be reviewed and considered for the program.

**River City Community Development Corporation**

**501 East Main Street**

**Elizabeth City, NC 27909**

**Phone: (252) 331-6312**

**Fax: (252) 331-1425**

**Email: rivercitycdc@rivercitycdc.org**

Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list below all people residing in the home including the homeowner.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Relationship to Homeowner | Birthdate | Sex | Disabled  Y/N |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |

Is your home within a 30-minute drive from Pasquotank High School?

|  |  |
| --- | --- |
| * Yes | * No |

|  |  |
| --- | --- |
| * Yes | * No |

Do you own your home?

Indicate (check all boxes that apply) all work\* you want considered:

|  |  |
| --- | --- |
| * Porch repair/construction * Step repair * Exterior painting * Interior painting | * Weatherization (minor) * Wheelchair ramp repair/construction * Mobile home skirting |

Describe the work\* you would like to have done:

Type or write here…

\*Note: There is no guarantee the work will be completed.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit no later than March 15, 2024**