



Rebuilding homes and lives since 1996

Headquarters:
5058 Wrightsville Avenue
Wilmington, NC 28403

PO Box 2966
Elizabethtown, NC 28337

1099 Gum Branch Road
Jacksonville, NC 28540

910.399.7563 | info@warmnc.org | warmnc.org | general contracting license #78118

Application for Assistance

Last Name: First Name: M.I:

Physical Address: City: Zip:

Mailing Address: City: Zip:

County: Home Phone: Mobile Phone:

Email Address: Social Security #:

Gender: Race: Marital Status: Birth date: / /

Home Type: (Circle one) MOBILE HOME CONDO DUPLEX HOUSE

Do you own the home in need of repair? Yes / No Do you live in the home in need of repair? Yes / No

Number of years you have owned the home: Number of people living in your home:

Alternate Person to Contact (if we are unable to reach you) Name: Phone:

Do you or any member of your household own any other real estate?

How did you FIRST learn about WARM?

May we contact other agencies (private, nonprofit, state, federal, etc.) on your behalf? Yes / No

Have you previously applied for assistance from WARM? Yes / No Do you own any pets? Yes / No

Is anyone residing in the home a Military Veteran or the Widow/er of a Military Veteran? Yes / No

Name of Veteran: Branch of Service:

Employment Status: (Circle one) Full Time Part Time Unemployed Retired Disabled

Occupation(s) or Previous Occupation(s):

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## Household Information

Please complete the following information for **ALL** household members, including yourself.

Name of Household Member	Relation to you	Birth date	Social Sec. #	M/F	Race	Employment Status
	Self					

Please complete the following income information for **ALL** household members. Include **all** wages, Social Security, SSI, Disability, veteran benefits, pensions, child support, alimony, unemployment, etc.

Name of Household Member	Source of Income (Salary, Social Security, SSI, Disability, etc.)	Monthly Earnings
		\$
		\$
		\$

**Total monthly income for all household members:** \$ \_\_\_\_\_

### REQUIRED DOCUMENTATION

**Your application will not be processed without this information attached.**

**Please submit copies, not original documents.**

Identification for primary applicant. Please select which **ONE** is attached:

- Driver's license
- Other form of ID: \_\_\_\_\_

Proof of income taxes for primary applicant ONLY:

- FIRST TWO PAGES ONLY** of the most recent year's tax return

Proof of **all** income for **everyone** living in the home. Anyone over the age of 18 who does not have income **MUST** complete a Zero Income Affidavit. Contact the WARM office for this document. Please select which documents are attached:

Four **MOST RECENT** paystubs

- Social Security, Disability, or SSI award letter for **CURRENT YEAR (NOT your 1099 document)**
- Statement from pension provider for **CURRENT YEAR**
- Unemployment statement for **CURRENT MONTH**
- Recorded child support/alimony settlement

Proof of home ownership. Please select which **ONE** is attached:

- Property Tax State
- DMV title in the case of a mobile home
- Deed of Trust

If widowed or divorced, please provide:

- Death Certificate of spouse
- Copy of Divorce Decree



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**Authorization**

I hereby authorize Wilmington Area Rebuilding Ministry, Inc. (WARM, Inc.) to release and/or receive to/from any agency or person ANY information that is relevant to the purpose of providing assistance for my needs and/or the needs of my household. I further authorize WARM, Inc. to complete a criminal background screening on each member of my household, listed on this application, for the purpose of application approval.

I understand that the release of this information does not guarantee that assistance will be provided but that without the information, my case cannot be processed for consideration of WARM, Inc. services.

I understand confidential information may be collected from relatives, friends, acquaintances, co-workers, employers, other agencies, and businesses with whom I have interacted. WARM, Inc. may release or receive information regarding my social and family history, my employment status, my finances, or any other information they deem necessary to review my application.

If my rebuild is selected for WARM services, I agree to allow photographs and videos of my home and any household members present during rebuilding activities. I further agree to allow these to be used for record-keeping, reporting, marketing, and media publication - without using my full name or my address.

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Applicant (Print Name)

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Co-Applicant (Print Name)

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Applicant Signature                      Date

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Co-Applicant Signature                      Date

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Address, City, State, Zip

**Disclaimer**

The execution of this Consent does not guarantee that the assistance you require, or desire will be provided. This information will be given only to one or more social agencies (or to persons requested by a social agency to be provided with this information) which may request it. WARM cannot, and does not, decide whether, or how, any other agency may provide assistance to you.

## House Information

In what year was your home built? \_\_\_\_\_ How many stories? \_\_\_\_\_ How many bedrooms? \_\_\_\_\_  
 How many bathrooms? \_\_\_\_\_ Water source: Public/Well Type of sewer system: Public/Septic  
 Power company: \_\_\_\_\_ Power company account number: \_\_\_\_\_  
 Are all utility bills current? Yes / No If no, which are behind? \_\_\_\_\_  
 Do you have a mortgage on your home? Yes/No Is your mortgage current? Yes / No  
 Are your property taxes current? Yes / No Do you have homeowner's insurance? Yes / No  
 If you own a mobile home on a rented lot, is the lot rental payment current? Yes / No  
 Lot owner name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 If you need help repairing damage to your home from a hurricane, storm, or other disaster, which one(s)?  
 Name of hurricane: \_\_\_\_\_ Date: \_\_\_\_\_ Have you: \_\_\_\_\_  
 Applied to FEMA for assistance? Yes / No Filed a claim with your insurance company? Yes/No  
 Please check the repairs needed to make your home **safe and secure**.

- |                                    |                                |                            |
|------------------------------------|--------------------------------|----------------------------|
| _____ Appliances (list below)      | _____ Heating/Air Conditioning | _____ Sewage/Septic Repair |
| _____ Bed Bugs                     | _____ Mold/Mildew              | _____ Stairs & Landings    |
| _____ Door Repair                  | _____ Interior Wall Repair     | _____ Storm Damage         |
| _____ Electrical                   | _____ Plumbing                 | _____ Termite Damage       |
| _____ Exterior Wall Repair         | _____ Ramp Construction        | _____ Water Supply Repair  |
| _____ Floor Repair                 | _____ Roof Repair              | _____ Window Repair        |
| _____ Other (Please specify) _____ |                                |                            |

## Other Applications

Have you applied to other agencies in the past three years for home repair or other types of service?

**This will not affect your application.** It will help us coordinate efforts with our partners.

Name of Agency / Organization	Type of Service (SNAP, hurricane recovery, etc.)	Status (approved, pending, or denied)

## Health Information

This will help us identify home deficiencies that may impact your health as well as find other resources for you.

- Who in your home has health insurance? Medicaid \_\_\_\_\_ Medicare \_\_\_\_\_  
None \_\_\_\_\_ Private \_\_\_\_\_ VA Benefits \_\_\_\_\_
- If you or anyone in your home is disabled, what caused the disability? \_\_\_\_\_  
\_\_\_\_\_
- What is the monthly household cost of healthcare, including medical visits and prescriptions? \_\_\_\_\_  
\_\_\_\_\_
- How many colds or infections have household members had during the past year? \_\_\_\_\_  
\_\_\_\_\_
- Describe any contagious conditions in the household. \_\_\_\_\_  
\_\_\_\_\_
- Describe any chronic or terminal illnesses in the household. \_\_\_\_\_  
\_\_\_\_\_
- Describe any falls, burns, or other accidents in your household. \_\_\_\_\_  
\_\_\_\_\_
- Who, if anyone, in your home is a smoker? \_\_\_\_\_  
\_\_\_\_\_
- Describe any respiratory conditions in your household. \_\_\_\_\_  
\_\_\_\_\_
- Describe any other health concerns of residents in your home \_\_\_\_\_  
\_\_\_\_\_

## Personal Statement

Must be completed. Use back of this sheet if necessary.

For us to fully understand, please tell us about the condition of your home.

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Please tell us the circumstance that led you to apply for home repair assistance, and how you hope repairs will improve your current living situation.

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## Certification and Statement of Understanding

I hereby certify that I own and occupy the home in need of repairs, the information on this profile is correct, all income from each person living in my household has been reported, and I am not preparing my home for sale. I understand that failure to report all income, or deception on this application in any way, may result in WARM, Inc. denying me services, or halting services without notice. I understand this information may be used for statistical reporting and may be furnished to other agencies which may provide assistance. I understand that submittal of this application does not guarantee that assistance will be provided. I agree to promptly provide WARM any additional information needed to process my application.

**If I am approved, I understand that WARM reserves the right to halt the rebuild at any time, for any reason.**

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Applicant Signature

Date

Co-Applicant Signature

Date