Reach Mission Trips Repair Application

Applications will be processed in the order they were received.

Homeowner Name: _____

Address: Physical Address _____ Mailing Address (if different) _____

City, State, Zip Code: _____ _____

Phone Number: Home ( ) - _____ Cell ( ) - _____

E-mail Address: _____

Marital Status: ____ Married ____ Separated ____ Divorced ____ Widowed ____ Single

Total # of People Living in Home: # of Adults: ____ # of Children (under 18): ____

Head of Household Age Bracket: ____ 24 or younger ____ 25-40 ____ 41-60 ____ 61 or older

Head of Household Employment: ____ Full-Time ____ Part-Time ____ Unemployed ____ Retired

Handicapped Persons Living in Home: ____ No ____ Yes Type of Disability: _____

Total Annual Household Income: ____ $14,999 or less ____ $20,000 - $29,999
____ $15,000 - $19,999 ____ $30,000 or more

Military Veteran Living in Home: ____ No ____ Yes Branch: _____ Years of Service: _____

This summer church youth groups (workcrews of 5-6 youth and 2 adults) will be working in the Newfane, NY area doing home repairs. All houses must be within a 20 minute drive of Newfane High School. Work will take place:

either Monday, July 8th through Friday, July 12th or Monday, July 15th through Friday, July 19th

Before applying, please be sure that either you or someone from your household will be available at the home that week. The crews are able to complete a variety of home repair projects, including but not limited to the list below. They cannot perform repairs related to electrical and plumbing due to local code enforcement. Items such as doors, windows, bath tubs, showers, and toilets are usually too expensive for our budget. Materials and labor are free! If your application is accepted, the Reach Mission Trips staff will make an on-site visit in the Fall or Spring to videotape the potential repair projects and plan for the job.

House Description: Own or Rent: ____ # of Stories (floors): ____ Color of House: _____

Approximate age of home: ____ Type of Siding: _____ Type of Roof: _____

Is your home in need of any of the following:

Type of Work	Yes	Additional Information
Interior Painting	____	_____
Exterior Painting	____	_____
Steps	____	_____
Decks/Porches	____	_____
Handicap Ramps	____	_____
Roof Repair	____	(we can NOT work on 2 story roofs) _____
Drywall Work	____	_____
Gutters	____	_____
Flooring	____	_____
Other	_____	

Please put additional comments on the back of this page.

I understand that the work to be done on my home will be done by students under adult supervision. I understand this is an assessment of possible work that could be done to my home if my home is selected. I understand all the work may not be completed due to limited funds or inclement weather. I understand that I need to be home while the work is being completed on my home.

_____ _____

Homeowner Signature Date

Return Application To:
St. John's Outreach Center
168 Chestnut St.
Lockport, NY 14094
Reach Work Camp