

NO GREATER LOVE

HOME REPAIR SURVEY FORM

1. Name: _____ Telephone: _____

2. Street Address: _____

3. Mailing Address (if different than Street Address): _____

4. Date of Birth: _____

5. Combined Monthly Income of All Residents: _____

6. Do you own your home? Yes _____ No _____ How old is your home? _____

7. Do you feel your home is safe? Yes _____ No _____

8. What is your home constructed of? (wood, siding, brick, etc.) _____

9. Is your home a mobile home? Yes _____ No _____

10. Do you live alone? Yes _____ No _____ If No, how many others live with you? _____

11. Do you have family or friends to help you care for and/or repair your home? Yes _____ No _____

12. How do you get your water? (well, county, other.) _____

13. Do you have:

An inside bathroom? Yes _____ No _____ An outhouse? Yes _____ No _____

A septic system? Yes _____ No _____ Electricity? Yes _____ No _____

Cooling? Yes _____ No _____ Heat? Yes _____ No _____

Insulation? Yes _____ No _____

14. Do you have problems with:

Broken windows? Yes _____ No _____ Doors? Yes _____ No _____

Holes in walls? Yes _____ No _____ Rotting floors? Yes _____ No _____

Ceilings? Yes _____ No _____ Leaking roof? Yes _____ No _____

Outside steps? Yes _____ No _____ Inside steps? Yes _____ No _____

Handrails-outside? Yes _____ No _____ Stair-rails-inside? Yes _____ No _____

15. List any other problems with your home on the back, if necessary.

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