

DO NOT WRITE IN THIS SECTION:
PROJECT NO:
21-_____

2021 ASSISTANCE REQUEST FORM

*One project address per form – **PLEASE RETURN BY May 14, 2021 to your Pastor or mail this application to: PO Box 42, Devine, TX 78016.**

Date of Application: _____

Tell us about yourself: (Please print)

Name: _____ Age of Owner: _____
Address: _____ City: _____
School District: _____ Phone: _____
Alternate Contact: _____ Phone: _____

Are you or someone living in the home a veteran? Yes ___ No ___
Are you a widow or widower? Yes ___ No ___
Are you or anyone living in this home disabled? Yes ___ No ___

Tell us about your home:

Do you own your home? Yes ___ No ___
Are you Currently Living in this home? Yes ___ No ___
Do you own more than one home? Yes ___ No ___
Is this a Mobile Home? Yes ___ No ___
Do you have property insurance? Yes ___ No ___
Do you pay rent to live here? Yes ___ No ___
Will you be living in this home after repairs are made? Yes ___ No ___
Are you planning to sell this home after repairs are completed? Yes ___ No ___

If you are not the owner, list the property owner’s name: _____
How many people are living in the home? _____
How many years have lived in your home? _____

Describe the work that needs to be done:

Is this your first request with Mission Devine for work to be done at this address? Yes ___ No ___

If Mission Devine has worked on your home before, what was done and when?

DO NOT WRITE IN THIS SECTION:
PROJECT NO:
21- _____

2021 ASSISTANCE REQUEST FORM (page 2 of 2)

Have you spoken to a Mission Devine Committee Member already? Yes ___ No ___

If so, please list their name: _____

Tell us about your need:

Briefly describe why you need Mission Devine to complete this work for you: (Use back of page if needed)

Are there any members of the household or family that could help with this project? Yes ___ No ___

If so please list their names, ages, contact phone number and time they may be available to help.

Name	Age	Phone #	Available time to help
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I, _____, hereby attest that all the information provided above is true and factual.

Signature _____

Date Signed: _____

Would you agree to allow Mission Devine to take pictures of your home before and after Mission Devine work is done? Yes ___ No ___ Initial _____ (your name and address will not be published)

Thank you for completing this form. We will make every effort to contact you. Please make and keep a copy of this application. If you have not heard back from someone by MAY 29st 2021, Email info@missiondevine.org to check on the status of your application.”

Mission Devine was organized by the Devine Ministerial Fellowship and is an ecumenical Christian organization that strives to show God’s love by providing home improvements in a loving and compassionate way for those less fortunate in our community. We do not discriminate on the basis of race, color, religion, sex, handicap, familial status or national origin. Projects can only be approved as funding and volunteer crews are available – applications will be considered based on the applicant’s need and our available resources. **Any and all work will be performed during our annual work week in June.**