

## ASSISTANCE REQUEST FORM

\*One project address per form – **PLEASE RETURN BY May 1st to your Pastor or mail this application to: PO Box 123, 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:

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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?

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# Mission Devine *"Loving your neighbor as yourself" Matthew 22:39*

DO NOT WRITE IN THIS  
SECTION:  
PROJECT NO:  
\_\_\_\_\_

## 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)

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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
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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 30, Email [help@missiondevine.org](mailto:help@missiondevine.org) to check on the status of your application."**

Mission Devine was organized by the Devine Ministerial Fellowship (now the South Texas 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.**