

The Eagle House Ministries  
Home Repair



## WORK CAMP PROGRAM

The Eagle House Ministries Work Camp program is intended to help low-income individuals & families within a **25 mile radius** of the EHM Center that are in need of home repairs. These repairs are intended to make their homes safer, warmer, drier, more accessible and pleasant to live in.

The process begins with an application for the program, filled out by the homeowner or renter. Once the application is received, it is reviewed to see if the applicant qualifies for the program. If they do, an appointment is made with the applicant for an inspection of the property to assess what needs to be done. When this is completed, an outline is put together describing the repairs with the estimated hours and materials that it will take to complete the repair project.

These outlines are presented to the volunteer work groups that have scheduled anywhere from a few days to a week of hard work at EHM Work Camp. After looking over the various projects **THEY** select the ones that best fit their skills and budget.

Once the work group has committed to a project we notify the applicant with the time and date that the work will start. We encourage the applicants to help, encourage and if possible offer refreshments to the group. The only cost is a THANK YOU when the group is done with their repairs.

EHM encourages anyone that believes they may qualify and are in need of home repairs, that they cannot do themselves, to apply now.

Alan D. Milligan, Work Camp Manager

**EAGLE HOUSE MINISTRIES, INC.**  
 3590 State Route 37 N.  
 Buncombe, IL 62912  
 1.618.658.8116



**APPLICATION FOR HOME REPAIRS**

Applicants Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**LIST ALL FAMILY MEMBERS LIVING AT THIS ADDRESS.**

Name	Age	Sex	Social Security #	Employer	Income	Source

**TOTAL MONTHLY INCOME** for the household from ALL sources!  
 [AFDC (Aid for Dependent Children), Pensions, Wages, Social Security, SSI & Any Other]: \$ \_\_\_\_\_

**ABOUT YOUR RESIDENCE:**

Do you own or rent? Own \_\_\_\_\_ Rent \_\_\_\_\_

Do you live where the repairs are being requested? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the house: Wood Frame \_\_\_\_\_ Siding \_\_\_\_\_ Brick \_\_\_\_\_ Trailer \_\_\_\_\_

Is the roof: Tin \_\_\_\_\_ Shingles \_\_\_\_\_ Roll Roofing \_\_\_\_\_

Do you heat with: Wood \_\_\_\_\_ Coal \_\_\_\_\_ Gas \_\_\_\_\_ Electricity \_\_\_\_\_

If you are buying, what is your mortgage payment per month? \$ \_\_\_\_\_

Have you received repair services from EHM in the past? Yes \_\_\_\_\_ NO \_\_\_\_\_ If so, what was done  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What type of home repairs do you need?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that Eagle House Ministries, Inc. is responsible only for receiving applications but has no control over which applications will be picked by the volunteer Work Camp leadership.

I give my permission for the above work. I understand that Work Camp personnel are not professionals, but are young and adult people giving their time and providing their own tools and supplies. I, therefore, will not hold the Work Camps or Eagle House Ministries, Inc. liable for any property or personal damage that may occur in connection with the above repairs.

*This is an equal opportunity program. Discrimination is prohibited by Federal Law*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Applicant:  I do not wish to furnish this information. Sex:  Female  Male  
Ethnicity:  Hispanic or Latino  Not Hispanic or Latino  
Race:  American Indian  Alaska Native  Native Hawaiian  Other Pacific Islander  
 African American  Black  Asian  White

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**For EHM Office Only**

Is the home in a Flood Plain Zone? Yes  No

For Historical Preservation, is the home 50 years or older? Yes  No  If yes, explain: \_\_\_\_\_

Are there any Environmental Issues? Yes  No  If yes, explain: \_\_\_\_\_

Other Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Work Camp Assigned to Project: \_\_\_\_\_ Date: \_\_\_\_\_

## Notice

Include with your application this information:

1. Proof of income
2. Proof that you own your property
  - A. Copy of deed
  - B. Copy of property tax

These must be included or your application will be rejected.

Questions call 1.618.658.8116

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