



**FREE HOME REPAIR APPLICATION**

Your name: \_\_\_\_\_

Your street address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is your home within the Durant City Limits?  Yes  No

Do you own this home as your primary residence?  Yes  No

Number of people living in the home: \_\_\_\_\_

Is there anyone living in the home that is elderly, disabled, or handicapped?  Yes  No

Monthly Income for all persons over the age of 18, living in home for the past 12 months **(Family income cannot exceed \$39,600 per year. Please include proof of income with application):**

<b>Applicant Monthly Income</b>	\$	<b>Source of Income</b>	
<b>Spouse's Monthly Income</b>	\$	<b>Source of Income</b>	
<b>Dependent's Monthly Income</b>	\$	<b>Source of Income</b>	
<b>Household Monthly Total</b>	\$		
<b>Household Annual Total</b>	\$		

Describe the work you would like to have done: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this confidential application and return to no later than **January 25, 2012:**

**Big Five Community Services**  
**1502 N. 1<sup>st</sup> Ave**  
**P.O. Box 1577**  
**Durant, OK 74701**  
**Phone#: 580-924-5331 Fax#: 580-920-2004**

For Office Use Only: Date Received: _____ Number: _____
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