



Application for Clients

Restoration Now
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Step 1: Client Release of Information and Permission to Perform Background Check

Waiver and release of information:

I understand that in order to be considered for Restoration Now services I must provide personal and financial information as well as character references. I understand that this information is necessary to determine and document the need for Restoration Now services. I agree to release this information to Restoration Now to be used as Restoration Now deems necessary, and understand that this information will not be used apart from Restoration Now purposes. I authorize Restoration Now to contact provided references, and I release references from liability for anything they say. I understand that any reference material will remain confidential. I affirm that all information provided is correct to the best of my knowledge and understanding. I authorize Restoration Now to conduct a background check to confirm this information and further determine eligibility for Restoration Now services.

Name:

Street Address:

City, State, Zip:

Phone:

E-mail:

Signature:

Date:

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Step 2: NARRATIVE: The Client's Story (Completed by Client before Home Inspection)

What is the Client's current situation: *(i.e., What is the problem? How long has it been like this? What will happen if nothing is done?)*

Describe the Client's difficulty in correcting the situation: *(i.e., Why is help needed? How did the Client get in this position? Financial troubles? Medical or physical limitations? Other circumstances?)*

What does the Client's expect from Restoration Now: *(i.e., How can the organization address the client's needs? What would be somewhat helpful? What would be extremely helpful?)*

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Step 3: Personal Information (Completed by Client before Home Inspection)

APPLICANT PERSONAL INFORMATION

Applicant Name: _____ Social Security #: _____

Age: _____ Date of Birth: _____

Current Address: _____
(Street) (City) (Zip) (County)

Telephones: _____
(Home) (Cell) (Work/Other)

Applicant or other household member's place of work

Job Title: _____

Employer's Full Address: _____ Zip Code: _____

Name of Supervisor: _____ Telephone: _____

Start Date: _____

CO-APPLICANT PERSONAL INFORMATION

Applicant Name: _____ Social Security #: _____

Age: _____ Date of Birth: _____

Current Address: _____
(Street) (City) (Zip) (County)

Telephones: _____
(Home) (Cell) (Work/Other)

Applicant or other household member's place of work

Job Title: _____

Employer's Full Address: _____ Zip Code: _____

Name of Supervisor: _____ Telephone: _____

Start Date: _____

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Marital Status:

- Married?
- Unmarried? (single, divorced, or widowed)
- Separated? If separated, give full name and SS# of your spouse

List below all other person(s) who lives with you:

Name / Sex / Age / Relationship / Occupation

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- Other. _____

Please answer these questions for all the adult members of your household.

Are you required to pay child support or alimony? _____ To whom? _____

Have you declared bankruptcy? _____ Chapter 7 or 13? _____ When? _____

Are you involved in any lawsuits? _____ Explain _____

Do you have any judgments filed against you? _____ Explain _____

Have you ever been arrested? _____ Explain _____

PERSONAL REFERENCES: These references are for friends, church members, neighbors, coworkers, and pastors only. Do not list anyone who is related to you or who employs you.

Name Full Address City Zip

- 1) _____
- 2) _____
- 3) _____

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Step 4: Financial Assessment (Completed by Client before Home Inspection)

INCOME

Applicant Month Gross Pay: \$ _____ Monthly take home pay: \$ _____
Co-Applicant Month Gross Pay: \$ _____ Monthly take home pay: \$ _____
Other Income: \$ _____
Total Monthly Income: \$ _____

EXPENSES

Fixed Monthly Expenses

Mortgage..... \$ _____
Homeowner Fees..... \$ _____
Heating Costs (gas, elec., other)..... \$ _____
Electricity..... \$ _____
Water / Sewage / Garbage..... \$ _____
Telephone / Cell Phone / Pager..... \$ _____
Insurance (not payroll deducted):
 Auto \$ _____ Health \$ _____ Life \$ _____ Disability \$ _____ Total: \$ _____
Child Care:
 Day Care \$ _____ Child Support \$ _____ Total: \$ _____

Variable Monthly Expenses

Groceries..... \$ _____
Food Away (school/work lunches, fast food, dinning out)..... \$ _____
Household Supplies (cleaning/paper products)..... \$ _____
Transportation (gas, oil, bus, biking)..... \$ _____
Medical & Prescriptions (not covered by insurance)..... \$ _____
Education (Tuition, school costs, lessons)..... \$ _____
Laundry / Dry Cleaning / Diapers..... \$ _____
Newspaper / Magazines / Cable TV / Internet / Storage Unit..... \$ _____
Entertainment (Cigarettes, alcohol, lottery, movies, hobbies, sports, pets)..... \$ _____
Personal (Cosmetics, haircuts, postage, health club, dues)..... \$ _____
Donations / Allowances / Bank Fees..... \$ _____
Total Monthly Expenses: \$ _____

DEBTS

Vehicle #1 Loan/Lease..... \$ _____
Vehicle #2 Loan/Lease..... \$ _____
Credit Card #1..... \$ _____
Credit Card #2..... \$ _____
Credit Card #3..... \$ _____
Other..... \$ _____
Other..... \$ _____
Total Monthly Debts: \$ _____

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Step 5: Work request (Completed by Client before Home Inspection)

REQUESTED WORK (COMPLETED BY CLIENT)

Home Repair Home Remodel Appliance Repair Home Sq Ft: _____ (Required)

Describe Need:

<input checked="" type="checkbox"/>	Work Needed	Description
<input type="checkbox"/>	Debris Removal / Trees	
<input type="checkbox"/>	Framing	
<input type="checkbox"/>	Roof	
<input type="checkbox"/>	Electric	
<input type="checkbox"/>	Plumbing	
<input type="checkbox"/>	HVAC (Heating & Air)	
<input type="checkbox"/>	Insulation / Sheetrock	
<input type="checkbox"/>	Siding	
<input type="checkbox"/>	Painting / Molding / Trim	
<input type="checkbox"/>	Winterization	
<input type="checkbox"/>	Accessibility Issues	
<input type="checkbox"/>	Safety Concerns / Issues	
<input type="checkbox"/>	Other	
<input type="checkbox"/>		
<input type="checkbox"/>		

PLEASE RETURN APPLICATION TO RESTORATION NOW UPON COMPLETION