



**College Hill Foundation Owner Repair Program**

**CLIENT INFORMATION**

Owner(s) Name: \_\_\_\_\_  
                                     First                                    Middle Initial                                    Last

Co -Owner : \_\_\_\_\_  
                                     First                                    Middle Initial                                    Last

Address: \_\_\_\_\_

Number of years at current address: \_\_\_\_\_

Home Phone# (      ) \_\_\_\_\_  
 Cell Phone# (      ) \_\_\_\_\_

Owner Soc. Sec. # \_\_\_\_\_  
 Co-Owner Soc. Sec. # \_\_\_\_\_

Owner Date of Birth: \_\_\_\_\_  
 Co-Owner Date of Birth \_\_\_\_\_  
 Annual Household Income: \_\_\_\_\_

**ELIGIBILITY REQUIREMENTS**

- Home must be occupied by the owner.
- Must be current on taxes and have homeowner's insurance.
- Assisting households occupied by residents 60 years old and older is a program priority.

Family Size	Maximum Household Income
1.	45,550
2.	52,050
3.	58,550
4.	65,050
5.	70,300
6.	75,500

Total Number in Household: \_\_\_\_\_

**LIST ADDITIONAL HOUSEHOLD MEMBERS**

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**REPAIRS REQUESTED**

Check all that Apply:

Minor Carpentry _____	Install Wheel Chair Ramp _____
Minor Electrical _____	Repair or Replace Doors/Locks _____
Minor Painting _____	Repair or Replace Fence/Gate _____
Minor Plumbing _____	Repair or Replace Stairs/Rails _____
Gutter Clean Up _____	Trash Removal _____
Install Grab Bars _____	Weatherproofing _____

**Do You Need Roof Repairs?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Are the Repairs You Need:**

\_\_\_\_\_ Minor \_\_\_\_\_ Moderate \_\_\_\_\_ Major

Please detail additional repairs that are needed:

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a. Do you or anyone in your household receive disability income?

If so, please list their name(s) \_\_\_\_\_

b. Are you a veteran? Yes or No (circle one)

**SUPPORTING DOCUMENTATION**

- 1 month's proof of income docs (paycheck stubs, social security, pension)
- Recorded Deed of Trust
- Nuisance\Code Citation Letter
- Current paid tax receipt
- Current Homeowner's Insurance

**I affirm all information and documentation provided is accurate. I further understand this information will only be used by the College Hill Foundation or it's affiliates and will not be shared with anyone without my expressed written consent.**

\_\_\_\_\_  
Homeowner Signature                      Date

\_\_\_\_\_  
Co-Owner's Signature                      Date

**If you have any questions, please contact:**

Fred Kimbrough: [chffred@gmail.com](mailto:chffred@gmail.com)

**Mail applications to:** College Hill Foundation, 2141 East John Ave., St. Louis, Mo. 63107

**Office Use Only              Date:** \_\_\_\_\_

**Approved:** \_\_\_\_\_              **Denied:** \_\_\_\_\_

**Executive Director's Signature** \_\_\_\_\_