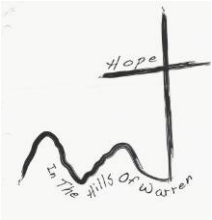


# Hope in the Hills of Warren

**HOMEOWNER APPLICATION**  
**Weekend of Hope: MAY 14-15, 2022**  
**Applications Due March 15, 2022**

**Are you elderly or disabled and/or low-income?**

**If you live in Washington Borough, Washington Township, Franklin Township, Mansfield Township or Oxford, you may be eligible for A Weekend of Hope, a free program that provides help with home maintenance or minor home repair projects.**



**Hope in the Hills of Warren will celebrate its 12<sup>th</sup> year of service to our community as we offer a Weekend of Hope in 2022.**

Hope in the Hills of Warren is a Christian-based organization. Our Volunteer teams are made up of teens and two adult leaders from various faith and community organizations.

The labor and materials we provide are free to qualifying households.

**If we receive more applications than our number of volunteer teams can support, priority will be given to elderly or disabled residents who would otherwise find it difficult or impossible to have this work done. Priority is given to projects that improve home safety.**

Residents must be at home while our work crews are present. Hope in the Hills of Warren is insured.

## **2022 Will Include OUTDOOR WORK ONLY:**

- ✓ Window Washing/Gutter Cleaning
- ✓ Yard clean-up / Gardening / Trimming
- ✓ Outdoor Weatherization/caulking
- ✓ Small, light outdoor cleaning and repair jobs
- ✓ Porch / deck repair (minor)
- ✓ Step repair / handrails
- ✓ Small painting jobs exterior only

## **We are not able to offer help with the following project types:**

- ⊙ Any work requiring permits
- ⊙ Roofing or chimney sweeping
- ⊙ Large concrete jobs
- ⊙ Plumbing or Electrical work
- ⊙ Power washing
- ⊙ Jobs that are not safe for our volunteers

## **HOW TO APPLY**

To be considered for this program, please complete the confidential application on the other side of this page and mail it (or email it to [HHW@WarrenHabitat.org](mailto:HHW@WarrenHabitat.org)) by **March 15, 2022** to:

**Hope in the Hills of Warren, 31 Belvidere Avenue, Washington, NJ 07882**

Please return your application as soon as possible. You will be contacted regarding the status of your application by April 15, 2022. For planning, budgeting, and volunteer purposes we will not accept late applications.

[www.hopeinthehillsofwarren.org](http://www.hopeinthehillsofwarren.org) --- Email: [office@WarrenHabitat.org](mailto:office@WarrenHabitat.org) --- Phone: (908) 835-1300

*Seeking to put God's love into action, Hope in the Hills of Warren brings youth and adults together to restore homes, community, and hope*

Hope in the Hills of Warren is a community extension of



# Hope in the Hills of Warren 2022

Office use

Application – Return by March 15th

Homeowner Name(s) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Email \_\_\_\_\_ Church Affiliation (if any) \_\_\_\_\_

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

Single Family dwelling or  Multiple Family dwelling

Municipality  Franklin  Mansfield  Oxford  Washington Boro  Washington Twp.

Household Income:  below \$20,000/year  \$20,000 - \$40,000/year  over \$40,000/year

Are you  Over age 70,  Over age 80,  Permanently Disabled -- if so, age \_\_\_\_\_

Number of people in Household \_\_\_\_\_ Dependent children under 18 \_\_\_\_\_

Are you a veteran?  Yes  No Is (was) your spouse a veteran?  Yes  No

Have you received help from us before?  Yes  No - If yes, what year(s)? \_\_\_\_\_

Is there a pet in the home?  Yes  No If yes, what kind \_\_\_\_\_

Please briefly describe the work you would like to have done:

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You will receive a phone call in April and perhaps a visit from an evaluator to assess the scope of work and materials required before HHW can make a final decision on acceptance/eligibility. Work is selected based upon HHW available funds, volunteer recruitment and time estimated to complete the project.

**Completing, signing and submitting this application does not guarantee that work will be done.**

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

*Optional:* I give my permission for Hope in the Hills of Warren to speak with the person listed below regarding this application:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_