



United Way of
Aiken County, Inc.

Dear Potential Applicant, Medical Provider, or Advocate,

Thank you for your interest in applying for home repairs with Project VISION!

Project VISION is the home repairs initiative of the United Way of Aiken County. The program coordinates volunteers to provide up to two free home repairs, which includes free materials and supplies for low-income seniors in Aiken County. We ask for your patience in advance, as this is a heavily requested program, serving all of the towns of Aiken County.

In order to qualify for services, applicants must:

- **Be a Homeowner** (*Proof of homeownership might be requested by the program.*) Proof can be in the form of your most recent tax bill, deed, or title. All must list the applicant's name as owner.)
- **Be age 62 year or older** (*If you're an applicant under the age of 62, please note that priority is given to senior citizens, followed by disabled and then all other low income individuals and/or families.*)
- **Be qualified as low income** (*Income requirements may vary. The average income of most seniors applying for the program is \$1200 or less a month. Falling below this the income level increases your likelihood of being qualified. *Applicant should be prepared to provide proof of income and expenses, should it be requested.*)

Enclosed is an application for you to review and complete. Please be sure to do the following:

- Mail to P.O. Box 699, Aiken SC 29802 or Drop off to the United Way office.
- We do not accept faxed or emailed applications, unless approved by Program Director.
- Within a week, call to confirm receipt of application.
- Depending on repairs requested, home repairs may take up to 12 months or more to be completed.
- Please inquire about your specific repairs for more information.

I look forward to reviewing your application and assisting you with your repairs!

Sincerely,

Tammy S. Davis

Tammy S. Davis, M.P.A.
Director, Project VISION



235 Barnwell Ave., NW • PO Box 699 • Aiken, SC 29802-0699
803.648.8331 (office) • 803.641.2887 (fax) • www.uwaiken.org

Owner Occupant Home Repairs APPLICATION FOR ASSISTANCE

Your Name (Last, First, Middle)		Home Telephone		Work Telephone	
Where do you live? (Number and Street)			City		State
					Zip Code
Mailing Address (If different from home)					TMP# (Agency Use Only)

List up to 2 of the most urgent repairs needed in your home now:

- _____
- _____

Is your home in Aiken County? Yes No Do You live in the home now?: Yes No Do you? Rent Own Mortgage

Is this a mobile home? YES NO What Year: _____ Is applicant 62 years old or older? YES NO

A. HOUSEHOLD MEMBERS

Fill in the blanks **everyone who lives with you**. Write **YES or No** for each person residing with you.

EMPLOYED (Yes or No)	NAME (Last, First, Middle)	How are they related to you?	DATE OF BIRTH	SEX	RACE	IN SCHOOL (Yes or No)	LAST GRADE COMPLETED	Is the person Disabled ↓ Disability Income↓	
								Disabled (Yes or No)	Type of Disability Diagnosed
		Self							

Are you a US Military Veteran: Yes No

B. HOUSEHOLD INCOME & EXPENSES

Monthly Income	Monthly Expenses	
Child Support: \$	Car Insurance: \$	Mortgage: \$
Disability: \$	Car Loan: \$	Life Insurance: \$
Earned: \$	Toiletries: \$	Medicine: \$
Food Stamps: \$	Credit Cards: \$	Telephone: \$
Pensions: \$	Doctors: \$	Loans: \$
Social Security: \$	Finance Company: \$	Utilities Electric: \$
Unemployment: \$	Food: \$	Utilities Gas: \$
Savings Acct Balance: \$	Gasoline: \$	Utilities Water: \$
Checking Acct Balance: \$	Home Insurance: \$	Other: \$
Monthly Income Total: \$	Monthly Expenses Total: \$	

All income and expenses reported may require original documents be provided prior to issuance of assistance

Signature of Applicant/Applicant Representative: _____ Date: _____

Directors Signature & Determination: _____

RETURN TO: PO BOX 699|Aiken, SC 29802-0699

Referral Partner Signature: _____