



of Washington County, Inc.

Post Office Box 115
Greenville, MS 38702-0115
Office: (662) 332-5371
Fax: (662) 335-7745
donna@unitedwaywc.com

United Way Housing Initiative Application
P.O. Box 115
Greenville, MS 38702-0115
2023 Workday

**To qualify for this program, you must meet the following criteria:
Own or be purchasing your home which must be located in Washington County and be 65 years of age and older.**

Homeowner's Name: _____ Homeowner's Age: _____

Phone Number: _____ Veteran: Yes _____ No _____

Address: _____ City: _____

Number in household: ____ Do you or any member of household have a physical disability? Yes ____
No ____ If yes do you receive a disability check from the Social Security Office? _____

Has your home been repaired by the United Way Housing Initiative in the past? Yes ____ No ____ If yes,
when was your home repaired? _____ **Please note if your home has been repaired in the last ten years we are not able to assist you at this time. You may reapply after 10 years.**

Please list the names, ages, and source of income of people living in your household.

Homeowner	Age	Monthly Income	Source of Income
Name	Age	Monthly Income	Source of Income

Total income of household _____

If you have family members that live in the home with you, we require they participate along with the volunteers in making repairs to your home. Please list their name and age below.

Name	Age

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Please include one picture of the front and back of your home to include as much of your home as possible. Mail the pictures with the application to the following address: United Way of Washington County, P.O. Box 115, Greenville, MS 38702. Please briefly describe work needed on your home:

I certify to the best of my knowledge and belief that the information given on this application is true. I certify that at the time of this application that my home is not for sale and that I have no current plans to sale my home. I understand that submission of this application does not guarantee that my home will be selected for the workday. I understand that I have entered into an agreement with this committee accepting this application to have specified repairs done to my home and that the needed repair and spending limitations will be decided by a committee representative.

I agree that this committee will incur no liability by performing work on my home and that my signature constitutes authorization for the necessary work to be done and grants permission for the committee and its volunteers to enter my property for the purpose of making the necessary repairs. Sponsoring businesses, agencies and volunteers will hold the homeowner harmless for any occurrence. My signature does not constitute a contract for work.

Applicant's Signature

Date



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