

Magnify Ministries IMPACT! 2015

In partnership with the towns of Yadkinville, East Bend, Boonville, and Fall Creek, Magnify Ministries, Inc., a combination of local churches from different denominations, has the desire to improve local homes in their community. As a result of this project, Magnify Ministries is looking for owner-occupied homes in Yadkin County that are in need of some minor repairs and refurbishment, in the form of roofing, painting, building wheelchair ramps, landscaping, installing drywall and other minor construction work. There will be minimal to no expense to the home owner, and the labor will be provided by the Magnify Ministries and IMPACT volunteers, which are primarily youth with adult leadership. This project will be associated with the Yadkin County Department of Social Services, Aging Planning and YVEDDI's Weatherization and Housing Programs. Funding for these projects will come primarily through the donations and generosity of local churches, but if homeowners can afford to pay in full or in part it will be greatly appreciated. To determine if you are eligible to participate in this program, please fill out the attached application. Each application will be considered on an individual basis. The application must be completed in full and returned to Magnify Ministries at 1336 Lone Hickory Road, Yadkinville, **no later than March 1, 2015**. You may also call if you have any questions and the number is 336-469-2758.

In Christ,
Chris Hauser

Application

IMPACT! YADKIN Project 2015

Date of Application _____

1. APPLICANT INFORMATION

Applicant's Name _____

Address & Town _____ No. of Years _____

Home Phone # _____ Cell Phone # _____

Marital Status: Married _____ Unmarried (single or divorced) _____

Number of Dependents Living in Home _____ Last four digits of SS# _____

List Names and Ages of everyone living in the Home: _____

Religious Affiliation: _____ Church: _____

Do you have pets? _____ Yes _____ No

2. Emergency Contact Information

Emergency Contact Name: _____ Relationship: _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

3. Employer Information

Employer _____ Self-Employed? Yes or No

Work Phone # _____ Title _____

Type of Business _____ No. of Years on Job _____

4. Medical Information

Allergies	Yes or No	Cancer	Yes or No
Heart Disease	Yes or No	Memory Loss	Yes or No
Seizures	Yes or No	Diabetes	Yes or No
Hearing	Yes or No		

5. Home Information

Do you own your residence? _____ Yes _____ No

Do you have house insurance? _____ Yes _____ No

Household Income: _____ \$0-\$20,000 _____ \$20,000 - \$40,000
_____ \$40,000 - \$60,000 _____ over \$60,000

6. Services Requested

Yard Work Roofing Ramp Construction
Dry Wall Flooring Painting
Home Repairs Other

7. Decision Regarding Service(s)

Approved for service(s) _____ Yes _____ No

State why not approved: _____

Special Instructions to volunteer: _____

8. Client Information

1. The information given on this application will be kept in confidence and used only for application for the Magnify Ministries IMPACT Project 2015.
2. I/We verify that the information given on this form is accurate and complete to the best of our information and authorization is given to obtain such information as may be required to verify the information contained.
3. I/We understand that Magnify Ministries reserves the right to accept or not accept clients into the program based on its sole judgment of that client's suitability for the program.
4. I/We hereby release Magnify Ministries, volunteers and all other persons from all liability in providing services to me.

