



**Application for Major Repair or Construction Project**

Return to United Way of Western Crawford County, Inc.

Attn: Lauren Lowery  
415 Chestnut St.  
Meadville, PA 16335  
(814) 337-1251 phone

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

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

Description of Project Needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do You Rent or Own the Property: \_\_\_\_\_

If You Rent Who is the Landlord: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list all the member of your household and their relation to you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total including yourself: \_\_\_\_\_

Please List the Total Income of the Household: \_\_\_\_\_

Would it be possible for you to purchase or pay for part or all of the materials needed? \_\_\_\_\_  
If so, how much? \_\_\_\_\_

Would you be able to help with the labor of the project? \_\_\_\_\_  
If so, how? \_\_\_\_\_

Are you eligible for Veterans Benefits? \_\_\_\_\_

Have you received assistance from the CIC in the past? \_\_\_\_\_  
If so, in what capacity? \_\_\_\_\_  
\_\_\_\_\_

Are you currently receiving assistance from other Human Service Agencies? \_\_\_\_\_  
If yes please list below: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

May we contact these agencies : \_\_\_\_\_

Please describe the physical disability or economic situation related to the need for the project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**For Office Use Only**

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Status of the Application:

Pending \_\_\_\_\_

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Has the project site been visited?

Yes \_\_\_\_\_

Scheduled \_\_\_\_\_

No \_\_\_\_\_

Directions to the project site:

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Comments from the site visitor

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Are there any safety issues concerning the project (animals, utilities, client): \_\_\_\_\_

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All materials needed for the project

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Will the project site need material hauled away? \_\_\_\_\_

Of the above-mentioned materials please list any that will be provided by the applicant

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Site Supervisor \_\_\_\_\_

Comments for the Supervisor

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Volunteer Group Assigned \_\_\_\_\_ total number \_\_\_\_\_

What is the skill level of the volunteer group: \_\_\_\_\_

Scheduled Date for the project \_\_\_\_\_

Rain Date \_\_\_\_\_

Follow up visit Comments

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