



# PROJECT APPLICATION 2018

*Builders Care is the non-profit charitable arm of the Tallahassee Builders Association. Its objective is to provide emergency repairs and construction services to the elderly, disabled, and economically disadvantaged people who are unable to obtain home repairs through traditional means.*

Qualifying Factors: (All of these are true statements in order to qualify for Builder Care services. Builders Care Foundation does not currently accept work on Mobile Homes or Non-Permanent Home Sites. Please check all that do apply for a Single Family Home Residence.

Located in Leon, Gadsden, Wakulla or Jefferson County	Own home, not rent. Home Must be on a Foundation and cannot be a Mobile Home
Full time resident	Emergency need
At least a current residence for 2 years	Financial hardship
How many years at current residence?	Elderly and/or individual with a disability

Are you nominating this person/family to receive services?  Yes  No

If so, what is your name? \_\_\_\_\_ Phone \_\_\_\_\_

Affiliation (company, organization) (if applicable) \_\_\_\_\_

Check if applying as an individual  Check if applying for affiliated entity

### TELL US ABOUT THE APPLICANT

Your Name \_\_\_\_\_

Your Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_ Your Email: \_\_\_\_\_

Alternate Contact/Phone: \_\_\_\_\_

Check all that apply:  
 Veteran  Elderly (60+)  Disabled

What is the disability or your specific request for assistance?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Who in the family suffers from the disability?  
 \_\_\_\_\_

*(Builders Care collects this information as there are some funding sources geared to specific needs)*

### HOUSEHOLD MEMBERS

NAME	AGE	RELATIONSHIP TO APPLICANT

Location of Project:  
 \_\_\_\_\_  
 \_\_\_\_\_

### NEEDS ASSESSMENT – Please check all that apply

<input type="checkbox"/>	Roof	<input type="checkbox"/>	Air Conditioning
<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Windows
<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Kitchen renovation
<input type="checkbox"/>	Handicap Accessibility	<input type="checkbox"/>	Bathroom renovation
<input type="checkbox"/>	Wheelchair ramps	<input type="checkbox"/>	Minor home repairs such as painting and flooring

Do you have any resources to contribute to this project?  Y  N Church Group \_\_\_\_\_ Family \_\_\_\_\_ Other Organization \_\_\_\_\_

**\_\_\_ No guarantee.** I understand that the Tallahassee Builders Association Builders Care (further referred to as Builders Care) relies heavily on donations of time and materials from community leaders, builders, suppliers and other construction related companies in order to provide this much needed gift to homeowners in our area. I affirm that the information supplied in this application is true and accurate to the best of my knowledge. I understand that my submitting an application does not guarantee, commit or otherwise obligate the Builders Care to consider me for emergency repairs or construction services. Please initial \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant Date

Return to: Ms. Lynne Edwards c/o Tallahassee Builders Association  
 3231 Capital Medical Blvd, Tallahassee FL 32308  
 Or... email to: [Lynne.edwards@tallyba.com](mailto:Lynne.edwards@tallyba.com)

