

**HOME REPAIR MINISTRY**

REPAIR REQUEST FORM

NAME: DATE OF REQUEST:

ADDRESS: CITY, ST, ZIP:

PHONE: ALT PHONE:

E-MAIL:

REPAIR REQUEST:

Is anyone in the home able to assist physically with the repair (labor)?

Is anyone in the home able to assist with the repair financially or with any materials needed to complete the repair?

YES YES

NO YEARLY INCOME: $ NO SOURCES OF INCOME:

CHILD SUPPORT RETIREMENT

Do you own the home or are you making payments?

YES NO

SOCIAL SECURITY PENSION

Do you rent the home? Home Owners insurance?

YES NO

YES NO

TRUST FUND

# PLEASE PROVIDE PROOF OF OWNERSHIP AND PHOTOS OF REPAIR WORK NEEDED. INCLUDE ADDITIONAL PAGES IF MORE SPACE IS NEEDED TO DESCRIBE REPAIR NEED.

\*\*WE ARE UNABLE TO ASSIST WITH ANY ELECTRICAL WORK AT THIS TIME.\*\*

ARE YOU A MEMBER OF FIRST METHODIST OR ANOTHER CHURCH?

HOW DID YOU HEAR ABOUT FIRST METHODIST’S HOME REPAIR MINISTRY?

WHO LIVES IN THE HOME? PLEASE PROVIDE NAMES AND AGES.

LIST PREVIOUS ATTEMPTS TO COMPLETE THESE REPAIRS:

If mailing, please mail to First Methodist Houston, ATTN: Missions, 1320 Main Street, Houston, TX 77002.

Questions? Contact the Missions Office at 832-668-1848 or [pniz@fmhouston.com.](mailto:pniz@fmhouston.com.)