

HOME REPAIR MINISTRY

REPAIR REQUEST FORM

firstmethodist
H O U S T O N
Your Home in the City

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)? ☐ YES ☐ NO

Is anyone in the home able to assist with the repair financially or with any materials needed to complete the repair? ☐ YES ☐ NO

Do you own the home or are you making payments? ☐ YES ☐ NO

Do you rent the home? ☐ YES ☐ NO

Home Owners insurance? ☐ YES ☐ NO

YEARLY INCOME: \$ _____

SOURCES OF INCOME:

CHILD SUPPORT ☐ RETIREMENT ☐

SOCIAL SECURITY ☐ PENSION ☐

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 832-668-1841 or mpjones@fmhouston.com.