AGING IN PLACE

Home Assessment Request Form

Date:_____

Habitat for Humanity® Great Falls Area

Last Name: _____ **Phone:** _____

First Name: _____ **E-mail:** _____

Address:

Requested Repairs

Indicate Priority of Need: 3: High Priority, immediate need! **2:** Moderate Priority can wait two-to-four weeks. **1:** Low Priority, no time frame:

Who has referred you to this program? List referring agency, organization, or person:

CRITERIA FOR SERVICES:

- Own the home being assessed
- Have a financial need (proof of income required)
- Be 60 years old or older **or** be a veteran, **or** be of any age with a medical disability

Do you meet all three criteria for services listed above? _____

Application Process Includes:

1. Request for Assessment
2. Invite to Submit Full Application
3. Eligibility Determined
4. Home Assessment Completed
5. Statement of Work Outlined
6. Homeowner Agreement Signed
7. Work Completed
8. Post-Service Survey Conducted

Email completed forms to **office@gfhabitat.org** or drop off at Great Falls Habitat for Humanity Administrative Office: 401 Third Ave South, Great Falls, MT 59401. For questions, call **406.453.5972**