



GREAT DAYS OF SERVICE Irving, Texas

Official Use Only	No.
Selection	

APPLICATIONS ARE PROCESSED ON A FIRST COME FIRST SERVED BASIS.
FOR BEST CONSIDERATION, SUBMIT AS EARLY AS POSSIBLE!

RETURN APPLICATIONS TO: Great Days of Service, PO Box 154044, Irving, TX 75015
Questions: 972-510-5084
Email: gdsirving@yahoo.com
Website: www.gdsirving.org

GDS-IRVING APPLICATION								
SECTION 1 – HOMEOWNER INFORMATION								
Name of Homeowner _____								
Address _____				Home Phone _____				
City, State ZIP _____				Alt. Phone _____				
				Email _____				
				Other Emergency Contact _____				
SECTION 2 - DOCUMENTATION								
						Yes	No	Verification
Current on Mortgage Payment – Mortgage Statement/Title								
Current on Taxes								
Current on Insurance								
Sources of Household Income								
Code Violation Citation								
Does the house have a working smoke detector?								
SECTION 3 - HOUSEHOLD INFORMATION								
Name	Relationship	Age	Ethnicity/ Race	Disabled Y/N	Dis. Type	Annual Income	Source of Income	Verification
	Homeowner							

SECTION 4 – REPAIRS NEEDED			
Check if Needed	Repair Type	Description of repair needed and location	Verified
	Accessibility Issues (Ramp, Grab Bars)		
	Carpentry		
	Electrical		
	Energy Efficiency/Weatherization		
	Flooring Repair/Replacement		
	Heating or A/C		
	Painting – Exterior		
	Painting – Interior		
	Plumbing		
	Repairs Needing Immediate Attention		
	Roof		
	Trash Removal		
	Yard Work		
	Other - Specify		

SECTION 5 – HOMEOWNER AGREEMENT

I understand that Great Days of Service-Irving is a volunteer home repair program funded by charitable donations and grants to provide assistance to low-income elderly or disabled homeowners or families with children who do not have economic and/or the physical ability to complete needed repairs. I further understand that there is no guarantee that my home will be selected for participation in the Great Days of Service-Irving program.

By signing this application I certify that I am eligible to receive this assistance based on the following:

- I own the property at the address listed and that this home is my full-time residence.
- All able-bodied household members/family/visitors will work with the GDS-Irving as volunteers if my home is selected.
- I have no present intention to move or offer my home for sale.
- I agree to accept the work as provided by the volunteers and release them from any liability related to the repairs completed.
- All information provided on this application is complete and correct.

Date	Printed Homeowner Name	Homeowner Signature

HOW DID YOU LEARN ABOUT GREAT DAYS OF SERVICE-IRVING?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Code Enforcement Officer | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Brochure | <input type="checkbox"/> Neighbor |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Church _____ |
| <input type="checkbox"/> Senior Center | <input type="checkbox"/> Other _____ |