



## Eight Days of Hope – Buffalo Home Repair Application

Homeowner's Name: \_\_\_\_\_

Homeowner's Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Special Info: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are the top five items you need repaired in your home?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## BRIEF DESCRIPTIONS

1. REPAIR/NEEDS: \_\_\_\_\_

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2. REPAIR/NEEDS: \_\_\_\_\_

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3. REPAIR/NEEDS: \_\_\_\_\_

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4. REPAIR/NEEDS: \_\_\_\_\_

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5. REPAIR/NEEDS: \_\_\_\_\_

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