

Coastal Community Church

His Helping Hands Ministry

Erick Johnson, Ministry Leader, 757-810-6556

Homeowner Project Request Form

Our mission is to demonstrate God's love by providing materials and workmanship to make homes of the elderly, disabled and single parents safe, accessible, comfortable and secure.

Our purpose is to assist with household tasks and/or projects for members and attendees who cannot complete the repairs or installation and/or are financially unable to pay for the service(s).

Please complete the following information and contact the point of contact above. Once your request is received, an interview is scheduled and conducted with the homeowner to review and determine the requested services for eligibility, and to survey the residence. Upon approval, a team leader is assigned to you and an approximate date is given when the work will commence.

Name: _____

Physical Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Person requesting assistance: (if different from above)

Name: _____

Phone: _____

E-mail: _____

Provide brief description to the requested household task(s) and/or project(s):

For Internal Use Only:

Date Request Received: _____

Approved? ____ Yes ____ No

Team Leader Assigned: _____

Materials \ Supplies \ Tools Needed (if known):

Ask homeowner if there is a lien on the property: ____ Yes ____ No

State to homeowner the following disclaimer: Project work will be completed professionally and properly by volunteers and therefore cannot be held liable as to a comparable business contractor standard.

Date Project/Task(s) Commenced: _____

Date Project/Task(s) Completed: _____