



Date of initial home visit: \_\_\_\_\_ Visited by: \_\_\_\_\_ If not visited, write N/A and send letter  
 Selected? Y N If no, why? \_\_\_\_\_  
 Call needed? Y N Letter needed? Y N Date of call or letter \_\_\_\_\_

**Complete form and mail to 88 Market Street. Salem, NJ 08079**

**\*For more information or questions contact: [citylightsm514@gmail.com](mailto:citylightsm514@gmail.com) or (856) 371-1781**

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone: cell phone \_\_\_\_\_ other phone \_\_\_\_\_

**Those in your household**

Please list everyone who lives in your home at least some of the time, including yourself:

Name	Year born	M/F	Disabled? Y/N

The following information will be confidential and reviewed only by the home selection committee:

Do you OWN (not rent) the home and it is your primary and only residence? Yes No

Was your home damaged by any of the following?  
 (Circle any that apply) FIRE STORM VANDALISM

What year was the home built? \_\_\_\_\_ How long have you lived in this home? \_\_\_\_\_

Number of rooms in the home: Bedrooms: \_\_\_\_\_ Bathrooms: \_\_\_\_\_ Total rooms: \_\_\_\_\_

Total household income: \_\_\_\_\_ **per month**. (Include all sources of income, including Social Security, SSI, alimony, and other benefits.)

Local tax payments are up to date? Y / N Comments: \_\_\_\_\_

Are there any current liens on your home? Y / N Comments: \_\_\_\_\_

Do you have a current homeowner insurance policy? Y / N Comments: \_\_\_\_\_

**Repairs Requested**

Which item(s) in your home are in need of repair? Please briefly describe the need for each repair. We don't do cosmetic work/decorating such as new paint unless repairing walls, etc. Our focus is on making homes safer, warmer, drier, and healthier.

- \_\_\_\_\_ Floors \_\_\_\_\_
- \_\_\_\_\_ Insulation \_\_\_\_\_
- \_\_\_\_\_ Inside Walls/Ceilings \_\_\_\_\_
- \_\_\_\_\_ Windows/Doors \_\_\_\_\_
- \_\_\_\_\_ Porch or steps \_\_\_\_\_
- \_\_\_\_\_ Wheelchair ramp \_\_\_\_\_
- \_\_\_\_\_ Handicap modifications \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_

While we do not do electrical, plumbing, roof, foundation- it can be helpful to know the needs of the house. Please circle: Electrical/Plumbing/Roof/Foundation

Comments or Additional Information: \_\_\_\_\_  
\_\_\_\_\_

- I am interested in helping with the repair work in my home.
- I am interested in volunteering with this project in the neighborhood.
- I am interested in volunteering with other programs of Lighthouse Ministry.
- I would be able to help cover cost for some materials if my income range is above Project Restore criteria and enough teams are signed up to accept your project?

**Verification**

- To the best of my knowledge, I certify that the information in this application is true and correct. I have read the cover sheet about Project Restore and understand the process of application and selection. I have saved the contact information in case I have any questions after the application has been submitted. If selected, I may be asked to show documents that verify this information.
- I agree to allow the Project Restore Project Manager and team to complete a full assessment of my home to be sure that the project qualifies for acceptance.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Project Restore is a Youth Home Repair Program of Lighthouse Ministry for Salem City Homeowners** which aims to assist homeowners with needed repairs. For one week each summer, youth and adults gather to make homes warmer, safer, drier, and healthier. We have completed the following types of projects in the past 5 years: Replacing porch boards, repairing interior walls, ceiling, and floors, installing fencing for privacy and security, clearing debris from yards and around neighboring abandoned houses, replacing deteriorating windowsills, power-washing, repairing door hardware, sealing windows and doorways for drafts, installing storm doors, scraping and painting exterior hand railings, repairing porch walls and rescreening. Projects are assessed by our project manager to prioritize those that have the greatest need and can be completed within one week. Our current sources of funding are local churches, individual donations, and funding from our Lighthouse Ministry budget.

We are looking for projects meeting the following criteria:

- 1) Owner occupied houses (primary/only residence of owner)
- 2) Located in Salem City
- 3) Will make home warmer, safer, drier, and healthier for the occupants
- 4) All local taxes are paid up to date
- 5) Owner plans to remain in the home (not sell) for the next 5 years at least

Project applications will be reviewed in March. Homeowners who are selected for the second stage (project evaluation) will be contacted by March 15th to set up site visit. Four to five homes will be accepted for the summer project week of June 24-28th, 2024. Due to the volume of requests and staffing, applicants will only be contacted if their project has been selected. If you wish to withdraw or make any changes to your application, please email [citylightsm514@gmail.com](mailto:citylightsm514@gmail.com) or text (856) 371-1781 with the subject "Project Restore."

Thank you!