

Request for More Information

Referring Organization & Contact Name: _____

Date: _____

We are committed to identifying the services that can best help you and/or your family. The information you provide will only be used to determine if you may be pre-qualified for available services.

First Name: _____	Last Name: _____
Phone Number: _____	Email Address: _____
Home Street Address: _____	Apt. #: _____
City: _____	State: _____ Zip Code: _____

Do Your Own or Rent?

- | | |
|-------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Own Single House or Building | <input type="checkbox"/> Rent in a Building with 2-4 Units |
| <input type="checkbox"/> Rent a 1 Family House | <input type="checkbox"/> Rent in a Building with 5+ Units |

Do Any Apply to Your Home? (Check all that apply)

- | | |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <u>I can smell gas in my home – Call 911 immediately</u> | <input type="checkbox"/> Home has flooded in the past |
| <input type="checkbox"/> Furnace or A/C doesn't work | <input type="checkbox"/> Mold is visible |
| <input type="checkbox"/> Home is too hot or too cold | <input type="checkbox"/> Pests (roaches/mice/etc.) or pest droppings are visible |
| <input type="checkbox"/> Electrical or water bills seem too high | <input type="checkbox"/> It's difficult to move around my house because of my possessions |
| <input type="checkbox"/> Electrical problems | <input type="checkbox"/> There are problems with my roof |
| <input type="checkbox"/> Exposed electric wires are visible | <input type="checkbox"/> My home is vacant |
| <input type="checkbox"/> Paint is chipping or peeling | <input type="checkbox"/> My home is in foreclosure |
| <input type="checkbox"/> Broken windows | <input type="checkbox"/> My home was built before 1960 |
| <input type="checkbox"/> Uneven floors or broken stairs | |
| <input type="checkbox"/> Water leaks (plumbing; roof; exterior-facing walls) | |

Do Any of These Apply to Anyone in Your Home?

- | | |
|------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Senior (age 60+) | <input type="checkbox"/> Veteran |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Children under the age of 6 (live or visit) |
| <input type="checkbox"/> Mobility needs | <input type="checkbox"/> Elevated Blood Lead Level |
| <input type="checkbox"/> Diagnosed with asthma | |

How Many Family Members Live in Your Home? _____

What is Your Total Household Income?

- | | | |
|------------------------------------------|------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Below \$ 50,750 | <input type="checkbox"/> Below \$ 65,250 | <input type="checkbox"/> Below \$ 78,300 |
| <input type="checkbox"/> Below \$ 58,000 | <input type="checkbox"/> Below \$ 72,500 | <input type="checkbox"/> Below \$ 84,100 |

About this form:

Green & Healthy Homes Initiative: Staten Island is a partnership of local nonprofits, government agencies, and utility providers that deliver services and education to create healthy, safe, and energy-smart homes.

Our goal is to match the services that you and your family needs with the help that already exists.

Here are some of the services that may be available to you and your family: foundation, roof, door and window repair; installation of energy conservation measures and heating and cooling systems; and installation of grab bars and ramps.

When you fill out the form on the other side of this page and return it to the organization who gave it to you, we'll look for other services that you might qualify for and let you know what we find.

To get started, you can simply call the organization that gave this form to you or fill it out and return it to them.

GHHI Staten Island Partnership:

Community Health of Richmond	718-876-1732
JCC of Staten Island	718-475-5277
New York City Department of Health	800-458-1158
New York City Housing Preservation & Development	212-863-7990
Neighborhood Housing Services of Staten Island	718-442-8080
Richmond Senior Services	718-816-1811
Visiting Nurse Association of Staten Island	718-816-3555

