Transformation Organization

FREE HOME RESTORATION CLEANING ASSISTANCE APPLICATION

Our Commitment

We recognize that asking for help can be difficult. Every application is reviewed with compassion, dignity, and respect. Our volunteers are committed to serving without judgment, honoring your privacy, and working alongside you to restore a safe and healthy living environment. While we cannot approve every request, every applicant will be treated with kindness and consideration throughout the review process.

1. **Applicant Information**

Applying For:

- ☐ Myself
- ☐ Someone Else

Recipient Information (If different than applicant)

Full Name: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

(ONLY FILL OUT LINES A & B IF YOU ARE NOT THE ONE TO DIRECTLY BE AWARDED THIS CLEANING)

A. Applicant Name: _____

B. Relationship to Recipient: _____

Prefered Contact Method

- ☐ Text (Number if different than above _____)
- ☐ Email
- ☐ Phone (Number if different than above _____)

2. Home Information

Residence Type:
☐ Single-Family Home ☐ Apartment ☐ Townhome ☐ Mobile Home
☐ Other

Occupancy:
☐ Own ☐ Rent ☐ Live with Family ☐ Other

Landlord Approval (if renting)
☐ Yes ☐ No ☐ Not Applicable

Property Access:
☐ Driveway ☐ Street Parking ☐ Stairs ☐ Elevator ☐ Gated

Are Any Utilities Currently NOT Working?
☐ Electric ☐ Water ☐ Heat ☐ Air Conditioning ☐ Plumbing

3. Household Members

Household Includes:
☐ Children ☐ Senior(s) ☐ Veteran ☐ Person with Disability
☐ Pets

Number of Adults _____ Children_____ Seniors _____

Pets _____ Child ages (_____)

4. Health & Safety

Pests:
☐ Mice ☐ Rats ☐ Cockroaches ☐ Bed Bugs ☐ Other

Biohazards:
☐ Mold ☐ Animal Waste ☐ Human Waste ☐ Needles ☐ Standing Water ☐ Sewage
☐ None Known

Structural Concerns:
☐ Weak Floors ☐ Roof Leaks ☐ Water Damage ☐ Fire Damage ☐ Electrical Hazards
☐ Other

Pets:
Dependant on the state of the home and how much work needs done, if pets are in the home, can they be relocated for the duration of the restoration if needed?
☐ Yes ☐ No ☐ Maybe

If pets can NOT be relocated can they be secured somewhere in the home during the restoration, such as a kennel, unaffected bedroom or bathroom, garage etc?
☐ Yes ☐ No ☐ Maybe

5. Assistance Requested

Requested Services:
☐ Deep Cleaning ☐ Hoarding Cleanup ☐ Clutter Removal ☐ Bulk Junk Removal
☐ Organization ☐ Move-Out Assistance ☐ Move-In Preparation ☐ Safety Cleanup
☐ Other

Rooms Needing Service:
☐ Kitchen ☐ Bathroom (#_____) ☐ Bedrooms (#_____) ☐ Living Room ☐ Dining Room
☐ Den ☐ Hallways ☐ Entire Home

Overall Home Condition
☐ Mild Clutter ☐ Heavy Clutter ☐ Severe Clutter ☐ Hoarding ☐ Unsafe

Hardship Factors:
(Please Check All That Apply)
☐ Physical Disability ☐ Chronic Illness ☐ Mental Health ☐ Job Loss
☐ Financial Hardship ☐ Caregiver ☐ Military Service ☐ Domestic Violence
☐ Hospitalization ☐ Grief or Loss ☐ Substance Recovery ☐ Aging ☐ Other

6. Project Planning

Estimated Debris:
☐ Less than 1 Pickup Truck ☐ 1–3 Pickup Truck Loads ☐ 4–6 Pickup Truck Loads
☐ Large Dumpster Rental ☐ Unsure

Large Items:
☐ Heavy or Large Furniture ☐ Mattresses ☐ Heavy or Large Appliances
☐ Heavy or Large Boxes ☐ Heavy or Large Electronics

Priority:
(Mark **Emergency** if you are facing eviction, severe fines or CPS due to the state of the home)
☐ Emergency ☐ High ☐ Medium ☐ Low

Emergency Housing Concern:
☐ Yes ☐ No

Volunteer Planning (These questions make scheduling easier, no right or wrong answer.)

Will You or Someone From The Household Assist Our Volunteers?
☐ Yes ☐ No ☐ Unsure

Approximately how many hours are you available on cleanup day(s)?
☐ 2–4 ☐ 4–6 ☐ Full day

Will someone over age 18 be present during the project?
☐ Yes ☐ No

- Will There be a Restroom available for Voulenteers to use?
☐ Yes ☐ No

7. Follow-Up Support

- **Would you be interested in learning how to maintain your home after the cleanup?**

☐ Yes
☐ No

- **Would you like follow-up visits or check-ins?**

☐ Yes
☐ No

- **Would you like to be connected with community resources?**

☐ Yes
☐ No

8. Resource Needs

- **Sometimes applicants need more than cleaning.**

"Which additional assistance would you like information about?"

☐ Food assistance
☐ Utility assistance
☐ Mental health counseling
☐ Veterans resources
☐ Disability services
☐ Employment assistance
☐ Home repair resources
☐ Furniture assistance
☐ Clothing assistance

9. Mental Readiness

(These questions are especially helpful for decluttering or hoarding cases.)

- **Are you emotionally prepared to let volunteers assist with organizing your belongings?**
  ☐ Yes ☐ No ☐ Unsure

- **Will you be able to make decisions about what stays and what goes during the cleanup?**
  ☐ Yes ☐ No

- **Are there any irreplacable items we need to carefully search for inside the home somewhere?**
  ☐ Yes but not sure where they are located ☐ No I can easily find everything I need
  ☐ Unsure ☐ Yes I know the general areas where they are

- **Would you like emotional support or coaching during the process?**
  ☐ Yes ☐ No

- **Have you already begun cleaning?**
  ☐ Yes ☐ No

- **Are you willing to discard items that cannot be safely cleaned or salvaged?**
  ☐ Yes ☐ No ☐ Unsure

- **Do you have family or friends who can help before or during the project?**
  ☐ Yes ☐ No

- **Have you already arranged for a dumpster?**
  ☐ Yes ☐ No

- **If Needed do you have the means to replace damaged items if they are deemed neccesarry?**
  ☐ Yes ☐ No ☐ Some but not all ☐ No a donor wishlist will be needed

10. Photo & Video Disclosures

We video and photograph these Restoration Services for marketing, promotional, educational and fundraising purposes to help us aid in continuing these services for the next recipient. We strive to protect the privacy of all our recipients and will never share any personal information to the public. We will edit where neccesary anything that could potentially expose your home address, personal identity or any idenifying products or items especially family or personal photos and memorabilia.

- **Do you consent to having us video and/or Photograph during this process?**

☐ Yes (both video and photo)
☐ No (both video and photo)
☐ Various Photos Only
☐ Various Video Only
☐ Before and after Photos Only

Agreement:

I certify that the information provided is true and accurate to the best of my knowledge.

Applicant Printed Name: _____

Applicant Signature: _____

Date: _____

– Tell Us Your Story

On the Next Section, Please explain in as little or as much detail as you are comfortable. What led to your current hardship, what led you to requesting assistance, how has your home's condition affected you and your families daily life, & what would receiving help mean to you & your family.