

# SUSTAINABLE HOME IMPROVEMENT PARTNERSHIP

## Client Interest Form

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*This is NOT an application.*

### Program Description

The Sustainable Home Improvement Partnership (SHIP) repairs and weatherizes the homes of veterans, seniors, and disabled residents with local nonprofits and citizen volunteers.

Please note that the **first** priority of SHIP is assisting families that have already been awaiting much-needed services from our partners. Your completed interest form will be shared with the SHIP agencies and you may be contacted for further information to determine your eligibility for our services. Please note that due to funding limitations, not everyone will be able to be served through this project.

You **may** be eligible to receive home improvement services if you:

- Are a resident of Allegheny County.
- Are a senior or disabled resident.
- Are a veteran.
- Have an income lower than 200% of poverty.

### Potential Services Available Include:

- Utility upgrades
- Roof repair
- Structural repair
- Weatherization
- Handicapped accessibility upgrades
- Safety improvements
- Homeowner counseling
- Window replacement

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*The Sustainable Home Improvement Partnership (SHIP) is supported by The Home Depot Foundation, The United Way of Allegheny County, and hundreds of citizen volunteers. To learn more about this initiative and other volunteer opportunities, visit [servepgh.pittsburghpa.gov](http://servepgh.pittsburghpa.gov). The servePGH initiative engages citizen volunteers to address pressing local challenges.*

*Supporting partners of SHIP include: The City of Pittsburgh (servePGH), The Urban Redevelopment Authority (URA), Neighborhood Allies, ACTION-Housing, Inc., Nazareth Housing Services, The Pittsburgh Project, Rebuilding Together Pittsburgh, and NeighborWorks Western PA.*

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Interested in receiving home improvement services? Complete the questions below and return to:  
NeighborWorks Western PA, 710 Fifth Avenue, Suite 1000, Pittsburgh PA 15219.  
Fax: 412-281-9987 or Email: [dsmith@nwwpa.org](mailto:dsmith@nwwpa.org). Questions? Call **412-281-9773**.

Resident Name (1): \_\_\_\_\_ DOB: \_\_ / \_\_ / \_\_\_\_

Resident Name (2): \_\_\_\_\_ DOB: \_\_ / \_\_ / \_\_\_\_

Additional Residents: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

What is the combined monthly income for your household? \$\_\_\_\_\_

Do any members of this household qualify for Disability Benefits?  Yes  No

Please describe: \_\_\_\_\_

Are any members of this household a military Veteran\*?  Yes  No

Please describe: \_\_\_\_\_

*\*We consider veterans to be individuals who served in the military as active duty, National Guard, or in the Reserves.*

Please describe the types of services you are interested in receiving:

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