

# G.I.R.L. Time Redesign

## Home Transformation Application/Questionnaire

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Best way & time to reach you \_\_\_\_\_

1. Describe the current condition of your home.
2. What is the primary challenge you face?
3. What factors have played the largest part in the condition of your home?
4. What would a Home Transformation do for your family?
5. Are you willing to participate in the transformation process?
6. How ready do you think you are to make the hard decisions to get a fresh start?
7. Are you willing to allow a team to “take charge” in your home to complete a project.?

8. What is the cost of leaving your home in it's current condition?

9. Do you own your home or rent?

10. Please list the names, ages, interests and hobbies of all those living in the home:

11. Can you forward or attach pictures of the home in it's current condition?

12. How did you hear about G.I.R.L. Time Redesign?

Comments:

Please mail application to: G.I.R.L. Time Redesign/Women's Ministry  
P.O. Box 279  
Dacula, GA 30019  
or email [bethgross@hebronchurch.org](mailto:bethgross@hebronchurch.org)

G.I.R.L. Time Redesign reserves the right to accept or reject any and all applications. Presently we are only accepting applications from the Gwinnett and Barrow County areas of GA. If selected a representative from G.I.R.L. Time Redesign will respond to your application within 30 days of Acceptance. The application must be filled out by the homeowner. As a participant you must execute all waivers and release agreements. Any expenses you incur in the application process including Postage, shipping, photos, etc. are the sole responsibility of the applicant. G.I.R.L. Time Redesign will not reimburse anyone for these expenses. Only one entry per household is allowed. All decisions are final and absolute and not subject to inquiry.

I HEREBY CERTIFY THAT ALL OF THE INFORMATION PROVIDED ABOVE AND IN THIS APPLICATION IS TRUE AND COMPLETE. I UNDERSTAND THAT ANY FALSE STATEMENT OR MATERIAL OMISSION BY ME MAY LEAD TO MY DISQUALIFICATION FROM PARTICIPATION IN THE PROGRAM AND/OR THE PARTICIPANT SELECTION PROCESS FOR THE PROGRAM.

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