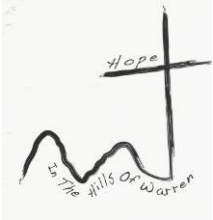


# Hope in the Hills of Warren

**2026 Weekend of Hope: APRIL 18-19, 2026**  
**\*Applications Due March 1, 2026\***

**Are you elderly or disabled and/or low-income?**

**If you live in Washington Borough, Washington Township, Franklin Township, Mansfield Township or Oxford, you may be eligible for A Weekend of Hope, a free program that provides help with home maintenance or minor home repair projects.**



**Hope in the Hills of Warren will celebrate its 16<sup>th</sup> year of service to our community as we offer a Weekend of Hope in 2026.**

Our volunteer work teams are made up of teenagers and two adult leaders. Our volunteers represent many faiths, Christian denominations, and various community organizations. The labor and materials we provide are free to qualifying households.

**If we receive more applications than our number of volunteer teams can support, priority will be given to elderly or disabled residents who would otherwise find it difficult or impossible to have this work done. Priority is given to projects that improve home safety. Residents must be at home while our work crews are present. Hope in the Hills of Warren is insured.**

## **2026 Work Will Include:**

- ✓ Window Washing/Gutter
- ✓ Porch / deck repair (minor)
- Cleaning ✓ Yard clean-up /
- ✓ Step repair / handrails
- Gardening / Trimming
- ✓ Small painting jobs
- ✓ Weatherization/caulking
- ✓ Small, light cleaning and repair jobs

## **We are not able to offer help with the following project types:**

- ⊙ Any work requiring permits
- ⊙ Plumbing or Electrical work
- ⊙ Roofing or chimney sweeping
- ⊙ Power washing
- ⊙ Large concrete jobs
- ⊙ Jobs that are not safe for our volunteers

## **HOW TO APPLY**

To be considered for this program, please complete the confidential application on the other side of this page and mail it (or email it to [office@HabitatNWNJ.org](mailto:office@HabitatNWNJ.org)) by **March 1, 2026** to:

**Hope in the Hills of Warren, 31 Belvidere Avenue, Washington, NJ 07882**

Please return your application as soon as possible. You will be contacted regarding the status of your application in March. For planning, budgeting, and volunteer purposes we will not accept late applications.

<https://www.habitatNWNJ.org/programs/hope-hills-warren/>

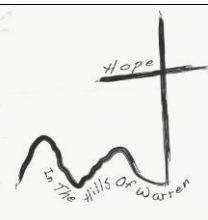
Email: [office@HabitatNWNJ.org](mailto:office@HabitatNWNJ.org) --- Phone: (908) 835-1300 ext. 10

*Seeking to put God's love into action, Hope in the Hills of Warren brings youth and adults together to restore homes, community, and hope.*

Hope in the Hills of Warren is a community extension of







## Application for Hope in the Hills of Warren April 18-19, 2026

**Please note that all information must be completed. Please check ☒ the appropriate ☐ where choices are indicated. If you require assistance with this application, please call our office at (908)835-1300 Ext. 10**

### 1. Applicant Information – Please list all homeowners

\_\_\_\_\_ ☐ Male ☐ Female ☐ Military/Veteran ☐ Unites States Citizen  
☐ Permanent Resident ☐ Over age 60? ☐ Age 65+? ☐ Disabled?

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☐ Permanent Resident ☐ Over age 60? ☐ Age 65+? ☐ Disabled?

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

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

Home Address: \_\_\_\_\_ ☐ Check if Primary Residence

Street: \_\_\_\_\_ ☐ Check if multi-dwelling

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### 2. Home & Resident Information:

Are you the homeowner and live here ☐ Yes ☐ No

Do you have homeowners' insurance? ☐ Yes ☐ No

Household Income ☐ below \$20,000 ☐ \$20,000-\$40,000 ☐ above \$40,000

Municipality: ☐ Franklin ☐ Mansfield ☐ Oxford ☐ Washington Boro ☐ Washington Twp

**Dependents (or other people who live with you). Attach additional sheets if necessary.**

Name \_\_\_\_\_ Age \_\_\_\_\_ Male/Female Disabled? Yes/No Military/Veteran? Yes/No

Name \_\_\_\_\_ Age \_\_\_\_\_ Male/Female Disabled? Yes/No Military/Veteran? Yes/No

Name \_\_\_\_\_ Age \_\_\_\_\_ Male/Female Disabled? Yes/No Military/Veteran? Yes/No

**TURN OVER - APPLICATION CONTINUES ON BACK**

Page 1 of 2

**For Office Use Only – Do Not Write in This Space:** Application No. \_\_\_\_\_

Date Application Received: \_\_\_\_\_

## Application for Hope in the Hills of Warren, page 2

### 3. Specific Home Repairs Requested (Describe in Detail)


### 4. Please initial each item, signing this application acknowledges the following:

- ☐ Applying does not guarantee that any work will be done.
- ☐ The volunteers are allowed to perform repairs and improvements on my house.
- ☐ The workers are young people with adult supervision who are volunteering at no charge to me.
- ☐ Any and all projects may be cancelled at any time.
- ☐ Work crews will attempt to finish any work they have begun.
- ☐ The work may not be equal to that of professional contractors and is not guaranteed.
- ☐ Homeowner will be home during the Weekend of Hope.
- ☐ Hope in the Hills of Warren will have all rights to publish any audio, video or photograph of me or my home.

**Signature of Applicant**

**DATE:**

**Co - Applicant/Homeowner**

**DATE:**