City of Cornelia Helping Hands Program

Neighbors Helping Neighbors. Building a Stronger Cornelia.

The City of Cornelia is committed to helping eligible homeowners maintain safe, welcoming, and well-cared-for homes. This volunteer-based program provides assistance with minor exterior improvements such as yard cleanup, pressure washing, landscaping, painting, accessibility improvements, and other small projects.

Questions or Need Assistance Applying?
Contact Christopher Irvin or Ally Sosebee
City of Cornelia Marshal's Office
706-778-8585

Applicant Information

Applicant Name: _____

Property Address: _____

Mailing Address (if different): _____

Phone Number: _____ Email: _____

Preferred Contact Method: ☐ Phone ☐ Email

Household Information

Number of people living in the home: _____

Number of children under 18: _____

Annual Household Income: _____

Is anyone in the household age 65 or older? ☐ Yes ☐ No

Is anyone in the household a veteran? ☐ Yes ☐ No

Does anyone in the household have a disability or mobility limitation? ☐ Yes ☐ No

Property Information

Do you own and occupy this home as your primary residence? ☐ Yes ☐ No

How long have you lived in the home? _____

Are property taxes current or on a payment plan? ☐ Yes ☐ No

Is the home insured? ☐ Yes ☐ No

Project Information

Describe the repairs or improvements you are requesting:

_____

_____

_____

- ## Please Note: Eligible Projects

- Exterior Painting
- Yard Cleanup
- Pressure Washing
- Landscaping
- Minor accessibility Improvements
- Handrail Installation
- Mailbox replacement

Examples of **ineligible** projects include roof replacement, major electrical work, HVAC work, structural repairs, plumbing work, and anything requiring licensed contractors or permits

Required Attachments

☐ Photo ID

☐ Proof of ownership

☐ Proof of income (*Examples: pay stubs, Social Security/SSI, retirement/pension, unemployment benefits, or other income documentation.)*

☐ 3–5 photos of the home

Applicant Certification

I certify that the information provided is true and accurate. I understand that participation in the Helping Hands Program is not guaranteed and that all approved work will be completed by volunteers based on available resources.

Applicant Signature: _____ Date: _____