



Residential Project Application

Head of Household: _____

Address: _____

Phone: (_____) _____ - _____ Alternate Phone: (_____) _____ - _____

Date of Birth: ____/____/____ Rent or Own? _____

Landlord Name (if applicable): _____ Phone: (_____) _____ - _____

Household Occupants

of Adults: _____ Ages: _____ # of Children: _____ Ages: _____

Name/Age of anyone with a disability/medical condition: _____

Briefly describe disability/medical condition: _____

Income Information (Note: You may be requested to verify your income.)

Total Household Income (include ALL income from ALL household members): _____ monthly/yearly

Source(s) of Income (circle all that apply): Job Wages Social Security SSDI/SSI Pension Unemployment

Other: _____

Briefly describe the type of work you need done around your home: _____

Are you able to pay for materials needed? (Answering 'NO' does not disqualify you from the program!) YES / NO

I certify that the information contained in this application is true and correct. I authorize the verification of any, and all, information listed above.

Signature: _____ Date: ____/____/____ Assisted by: _____

When you are looking for the information you need to get help in Bartholomew County, you expect it right away. Through United Way of Bartholomew County, you will quickly find the information you need, when you need it, at www.searchuwbc.org.