



Residential Projects: Home-Owner Application/Assessment

Head of Household: _____

Address: _____

Phone: (____) _____ - _____ Alternate phone number: (____) _____ - _____

Date of Birth: ____/____/____ Do you rent or own? _____

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

Household Occupants:

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

Names & ages of anyone with a disability/ medical condition: _____

Briefly and medical conditions/disabilities: _____

Have you ever served in Military? YES / NO

Income Information: (Please 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: _____

Is there anyone currently working? YES / NO Who: _____

Briefly describe what type of work you are needing done around your home: _____

Are you able to pay for the materials that may be needed to repair your home? (answering no doesn't disqualify you from the program) YES / NO

Are you interested in: Additional social services Financial coaching /budgeting

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

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