

Office Use Only

Received: _____

Qualified: _____

Brush Up: _____



INSTRUCTION PAGE / CHECK LIST

****ALL documents must be sent with your application.**

If we do not receive ALL necessary documents with your application, the review and approval of your application will be delayed significantly.

****Please send all that apply to your household. ****

- APPLICATION** filled out completely **AND** signed on last page.


- FULL BANK STATEMENTS (2 consecutive months)** for **ALL** accounts (checking, savings, CD, etc.) for **ALL** adults age 18+ in the home.

- INCOME DOCUMENTATION** for **ALL** adults age 18+ in the home. Send all documents that apply to your household:
 - ◆ Social security income: Explanation of Benefit Letter for current year.
 - ◆ Wages: Two consecutive months' pay stubs (most current).
 - ◆ Pension/Annuity/Retirement income: Current Statement showing balance and payment schedule.
 - ◆ ANY other source of income: a statement verifying the amount of income.

- FINANCIAL DOCUMENTATION** for the applicant/applicant's spouse.
For stocks, bonds, retirement accounts (IRA, 401K, etc.) or any other assets with cash value, send a statement dated within the past two months showing the current value

- MORTGAGE / REVERSE MORTGAGE** -- if applicable send most current statement

- LIST** the repairs or modifications that are most concerning at this time:

-  I am interested in volunteers painting the exterior of my home (whole home, trim or both) during the Brush Up Event in August.

Other documentation may be requested for clarification at a later date.

HOUSEHOLD INFORMATION

Applicant Name: First _____ Middle _____ Last _____

Spouse Name: First _____ Middle _____ Last _____

Address: _____

City: _____ State _____ Zip Code: _____

Phone (HOME): _____ Phone (CELL): _____

EMAIL: _____

What is the best way to reach you? Home phone Cell phone Email

Date of Birth: (mm/day/year) _____ AGE: _____

Gender: Male Female

Marital Status: Please Circle

Married Unmarried Separated Divorced Widowed

Alternate Contact (Friend or Relative living in the area that we can contact if needed)

Name: _____ Relation _____ Phone # _____

**The information is important and used for statistical reporting only.
It is not used for qualifying purposes.**

Are you a Veteran? Yes No Branch: _____ Years Served _____

Spouse of a Veteran? Yes No Branch: _____ Years Served _____

Physical Disability:

Do you or your spouse have (or are being treated for) a medical condition that may be limiting your mobility?
(Please List)

| Ethnic Categories | Select One: |
|---|--------------------------|
| Hispanic or Latino | <input type="checkbox"/> |
| Not Hispanic or Latino | <input type="checkbox"/> |
| Racial Categories | Select all that apply |
| American Indian or Alaska Native | <input type="checkbox"/> |
| Asian | <input type="checkbox"/> |
| Black or African American | <input type="checkbox"/> |
| Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> |
| White | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Select an Ethnic Category **AND** a Racial Category.
Please see instructions if needed.

INCOME AND ASSETS

APPLICANT INCOME AND ASSETS

**List all income and assets for the Applicant. **Provide all supporting documents.

| Applicant Income | Monthly Gross Amount |
|-----------------------------|----------------------|
| Social Security | \$ |
| Pension/Annuities | \$ |
| Salary/Wages | \$ |
| Other Income | \$ |
| TOTAL MONTHLY INCOME | \$ |

| Applicant Assets | Current Value |
|----------------------------|---------------|
| 401K / IRA | \$ |
| Stocks or Bonds | \$ |
| Savings | \$ |
| Other | \$ |
| TOTAL CURRENT VALUE | \$ |

HOUSEHOLD OCCUPANTS OTHER THAN APPLICANT

List all others living in the home.

**If 18 or older include income and supporting documents.

** If more space is needed please contact our office for a second form.

| Name | Relation | Birthdate | Type of Income | Monthly Amount |
|------|----------|-----------|----------------|----------------|
| | | | | |
| | | | | |
| | | | | |

PLEASE CIRCLE ANSWERS BELOW:

Is the house titled in your name? Yes No

Are there others listed on the deed/title of the property? Yes No

If yes—list names of those on deed/title _____

Are there any legal proceedings over the ownership of your home? Yes No

Do you have a Mortgage / Reverse Mortgage? Yes No

If yes—send current monthly statement

Do you reside in the home? Yes No

Do you plan to stay in your home? Yes No

Is the home a mobile or pre-manufactured home? Yes No

The house is a: One Story One and one-half story Two Story Three Story

Do you own property (land or homes) other than the home you live in? Yes No

Do you have homeowners insurance? Yes No

What is the name of the insurance company: _____

How many years have you owned the home? _____

How many bedrooms are in the home? _____

What is the name of your neighborhood? _____

