

Date:	/	/

Participant Application

Applicant Information:					
Name:			Referred	Ву:	
Date of birth: / /	Home Phone: ()	-	(Cell Phone: () -
Current address:					
City:		Sta	ite:		ZIP Code:
Type of Residence (Trailer, H	•				Other (Explain):
# People in Residence: # Adults # Children	MarriedOthe	Sir er	igle	Emai	Address:
Employment Information:	:				
Employment Status: F/T	P/T Retired		Disabled	(Other
Total Household Annual Inco	me of all individua	ıls livi	ng in resid	lence:	\$
*** P	lease mail back a Page 1 of you	_			
*** or another form of household annual Income for everyone in household ***					veryone in household ***
How much is total liquid assets (Checking, Savings, Investments): \$					
*** Please mail back alon	g with applicatio	n a c	opy of yo	ur cur	rent bank/financial statement***
Other source of Income In	nformation: (ple	ease	circle- if	yes p	lease provide dollar amount)
Monthly Disability:	YES	No -	If yes, \$		
Child support:	YES	No -	If yes, \$		
Food stamps (SNAP):	YES	No -	If yes, \$		
Alimony:	YES	No -	lf yes, \$		
Rental Income:					
Women, Infant, Children (WIC	C): YES	No -	If yes, \$		

Other source of Income Information Continue:		
Unemployment Insurance:	YES No If yes, \$	
Wages:	YES No If yes, \$	
Social Security Income:	YES No If yes, \$	
	with the application statements from any of the above income ***	
Need/Assistance		
Explain Need (Give as much des	scription as possible):	
2		
Special Circumstances (Financia	al, Health, Etc.):	

Other Information
Do you attend a local church in the Southern Tier? Yes No
If yes, what church and location(town):
Have you applied with The Impact Project before? Yes No
Have you applied for assistance with other organizations regarding this issue? Yes No
If so, please furnish details:
Are you aware of other organizations that could provide assistance to you? Yes No
In what time frame would you like to have these repairs done?
What steps have you taken if any to temporarily fix your situation?
How did you hear about The Impact Project?
Impact Project Contact Person:
Any additional Information you'd like us to know:
Hama a sum and a) Oi ma at una
Home owner(s) Signature:
Date:/_/

*** Note: Please be advised that your application will be sent back when uncompleted and missing important information.

All important information is starred and bold. ***

Home owner(s) must sign application