



Date: / /

Participant Application

Applicant Information:

Name:		Referred By:	
Date of birth: / /	Home Phone: () -	Cell Phone: () -	
Current address:			
City:		State:	ZIP Code:
Type of Residence (Trailer, Home, Etc.):		Own _____ Rent _____	Other (Explain):
# People in Residence: # Adults _____ # Children _____	Married _____ Single _____ Other _____	Email Address:	

Employment Information:

Employment Status: F/T _____ P/T _____ Retired _____ Disabled _____ Other _____

Total Household Annual Income of all individuals living in residence: \$ _____

***** Please mail back along with application a copy of
Page 1 of your current IRS 1040 Form *****

***** or another form of household annual income for everyone in household *****

How much is total liquid assets (Checking, Savings, Investments): \$ _____

***** Please mail back along with application a copy of your current bank/financial statement*****

Other source of Income Information: (please circle- if yes please 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 - IF yes, \$ _____

Rental Income: YES No - If yes, \$ _____

Women, Infant, Children (WIC): 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, \$ _____

***** Please mail back along with the application statements from any of the above income *****

Need/Assistance (Check any that apply)

<input type="checkbox"/> Roof	<input type="checkbox"/> Handicap ramp
<input type="checkbox"/> Furnace	<input type="checkbox"/> Hot water heater
<input type="checkbox"/> Other	

If Other, please briefly explain:

****The Impact Project is not able to work with well, septic or foundation issues.**

How long has the need that you are requesting been an item in need of repair?

Special Circumstances (Financial, 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:

Home owners Signature: _____

Date: / / _____

*****Home owner(s) must sign application*****

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