

Date: ____ / ____ / ____



Participant

Application

Applicant Information:

Name:	Referred By:
-------	--------------

Home Phone: () -	Cell Phone: () -
-------------------	-------------------

Current address:

City:	State:	ZIP:	County:
-------	--------	------	---------

Type of Residence (Trailer, House, Etc.):	**The Impact Project is not able to work on rental properties. Exceptions for trailer park lot rentals with park owner permission.
---	---

Are there any current liens or judgements against this property? Yes No (circle one) If Yes, please provide a detailed explanation on a separate sheet of paper and include with your application.	Property taxes are current? Yes No (circle one) Mortgage is current? Yes No Not Applicable (if mortgage is paid) (circle one)
---	---

# People in Residence: # Adults _____ # Children _____	Married _____ Single _____ Other _____	Email Address:
---	---	----------------

List full name, age and relationship of everyone in household (if more space needed, please use back of page)

Name:	Age:	Relationship:
-------	------	---------------

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

Name:	Age:	Relationship:
-------	------	---------------

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

Name:	Age:	Relationship:
-------	------	---------------

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

Name:	Age:	Relationship:
-------	------	---------------

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

Name:	Age:	Relationship:
-------	------	---------------

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

Name:	Age:	Relationship:
-------	------	---------------

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

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"/> Electrical	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Septic	<input type="checkbox"/> Other

If Other, please briefly explain:

****The Impact Project is not able to work with well 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?
Any additional Information you'd like us to know:
Are you or anyone in your household a veteran? Y / N (circle one) Branch served: _____

Home owners Signature: _____

Date: ____ / ____ / ____

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

***** Please be advised that your application will be returned if incomplete. *****

All of the following items listed below must accompany your application and should be for all members of the household:

<input type="checkbox"/> Current IRS 1040 Form - If you do not file taxes, please indicate here with a note.	<input type="checkbox"/> Copy of any statements of income that apply to your household: Unemployment Insurance, Wages, Social Security Income, etc. if listed as income on budget form.
<input type="checkbox"/> Copy of current bank/financial statements	<input type="checkbox"/> Completed budget form

