

## **Participant**

## **Application**

Applicant Information:						
Name:			Referred By:			
Home Phone: ( ) -			Cell Phone: ( ) -			
Current address:						
City:	State:	ZIF	<b>:</b>	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.		Mc Ye	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				Email Address:		
List full name, age and relationship of everyone in household (if more space needed, please use back of page)						
Name:	Αç	ge:		Relationship:		
Employment Status	: F/T PT/		Retired	Disabled Other		
Name:	Αç	ge:		Relationship:		
Employment Status	F/T PT/		Retired	Disabled Other		
Name:	Αç	ge:		Relationship:		
Employment Status	F/T PT/		Retired	Disabled Other		
Name:	Αç	ge:		Relationship:		
Employment Status	F/T PT/		Retired	Disabled Other		
Name: Age:			Relationship:			
Employment Status	F/T PT/		Retired	Disabled Other		
Name:	Αç	ge:		Relationship:		
Employment Status	F/T PT/		Retired	Disabled Other		

Need/Assistance (Check any that apply)				
□ Roof	☐ Handicap ramp			
☐ Furnace	☐ Hot water heater			
□ Electrical	□ Plumbing			
Septic	□ Other			
If Other, please briefly explain:	_			
**The Impact Project is not able to work with we	ll or foundation issues			
How long has the need that you are requesting bee				
The state of the s				
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 pro	vide assistance to you? Yes No			

In what time frame would you like to have these rep	pairs 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. ***					
Please be advised that your application	ation 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:					
☐ Current IRS 1040 Form - If you do not file taxes, please indicate here with a note.	☐ 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.				
☐ Copy of current bank/financial statements	☐ Completed budget form				

## **The Impact Project Budget Form**

Applicant Name:

\*\* All applicable categories for income and expenses below must be filled out for homeowner (self) as well as for any other people living in the household.

Sources of Income (Monthly)	Self	Other in Household
Work (if appropriate include tips) = Net Pay		
Unemployment		
Pension		
SSI/SSD/SSA		
Public Assistance/ TANF		
Food Stamps		
Child Support		
Alimony / Palimony		
Other (specify)	***	
Average Monthly Expenses	*Take year's estimated total and divid	le by 12 for average monthly expense.
Housing		
Rent/Mortgage		
Heat*		
Electric*		
Water*		
Phone/Internet		
Property Taxes		
Household Expenses/Furnishings*		
Repair/Improvements*		
Home Insurance		
Transportation		
Maintenance*		
Car Insurance		
Gasoline		
Other transportation (bus, taxi, parking, etc)		
Food		
Groceries		
Paper/Cleaning Supplies		
Mid-week Shopping		
Meals Out		
Personal		
Clothing		
Medical/Dental/Vision		
Education*		
Life Insurance		
Gifts		
Donations		
		**includes: Reading, Videos, Music,
Entertainment**		Hobbies, Going Out, and Sports.
Child Care		
Vacation*		
Grooming Supplies		
Haircuts/Laundry		
Pets*		
Cable/Satellite TV		
Other		
Other		
Debts (credit cards, home equity loan, car p		
Creditor	Balance	Payment
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