



APPLICATION

The information on this application will help us determine if you qualify for our Rock the Block[®] housing repair program. **Please send completed application and needed paperwork for income verification (last 3 months of pay stubs or SS beneficiary note)** to the address at the bottom of this page. All information will be kept confidential. Incomplete applications or missing documents will delay or disqualify applicant(s).

APPLICANT & DEMOGRAPHIC INFORMATION:

Applicant Name: (Last, First)	Co-Applicant Name: (Last, First)
Applicant Home Address: (Street, City, Zip)	
Applicant Home Phone:	Email Address:
Applicant Cell Phone:	Co-Applicant Cell Phone:
Total # of People Living in Household:	Is there a disabled person living in the household? <input type="checkbox"/> YES <input type="checkbox"/> NO

Please list all individuals living in the home:

Name (Last, First)	Race	Gender	Date of Birth (mm/dd/yy)	Head of House	Gross Monthly Income	Veteran or Active Military
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				
		M / F				

