



Eligibility Questionnaire

Name of person or organization applying for assistance:

Last First

Social Security Number

Home Telephone # Work Telephone #

Address

City Zip Code

2. Purpose of request (use additional pages if necessary)

3. Those who will be benefiting from this gift if received

4. Please list all sources of income:

Employment earnings per year \$ Child support \$

Governmental aid \$ Allowance \$

(Specify type of governmental aid)

Charity or individual contributions

Other

5. List your employer's name, address, and phone number

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6. What is the amount necessary to fulfill your needs? \$ _____

7. Please briefly list your assets and liabilities:

ASSETS	LIABILITIES
Bank accounts \$ _____	Mortgage or rent \$ _____
Retirement accounts \$ _____	Car payments \$ _____
Properties \$ _____	Debts \$ _____
Other \$ _____	Medical bills \$ _____
Other \$ _____	Other \$ _____
Other \$ _____	Other \$ _____

8. How did you hear about H.O.M.E.? _____

9. List one reference we may call to verify your need for assistance

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We/ I hereby verify that the above information is true and correct as of the date opposite my/our signature(s). We/I understand the eligibility will be based on the information provided and any misrepresentation will result in ineligibility. Documentation of all information will be required prior to enrollment.

We/I hereby give our consent to H.O.M.E. to obtain a credit report from any credit reporting agency it may designate in connection with this application.

Signature _____ Date _____