



APPLICATION FOR LOVE YOUR NEIGHBORHOOD HOME & YARD REPAIR

Please fill out the application as completely and accurately as possible. All information you include on this application will be kept confidential.

1. APPLICANT INFORMATION:

NAME OF APPLICANT: _____ SOCIAL SECURITY #: _____ - _____ - _____
 ALSO KNOWN AS: _____ DATE OF BIRTH: _____
 NAME OF CO-APPLICANT: _____ SOCIAL SECURITY #: _____ - _____ - _____
 ALSO KNOWN AS: _____ DATE OF BIRTH: _____
 ADDRESS: _____ Somerset, KY _____
 PHONE NUMBERS - HOME: _____ WORK: _____ CELL: _____

PLEASE LIST ALL CURRENT HOUSEHOLD MEMBERS:

NAME:	DATE OF BIRTH:	AGE:	RELATIONSHIP:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DO YOU HAVE PETS? _____ IF YES, WHAT KIND AND HOW MANY? _____

2. INCOME INFORMATION:

List all sources of current income received on a regular basis, such as job compensation, Social Security, SSI (disability), child support, kinship care benefits, unemployment compensation, KTAP, TANF, or income earned from seasonal work.

NAME:	TYPE OF INCOME:	PLACE OF EMPLOYMENT:	INCOME START DATE:	\$ Per HOUR:	# HOURS/WK:	GROSS MONTHLY:
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

FOR OFFICE USE ONLY: Total Qualifying Monthly: \$ _____
 Total Qualifying Yearly: \$ _____

3. GENERAL INFORMATION:

1. Do you have proof of legal United States residency? (ie - United States birth certificate, United States passport, permanent resident card, I-94 Card) Yes No

2. How long have you lived in Pulaski County? _____ years (1 year minimum)

3. Have you declared bankruptcy? Yes No If yes, when was it discharged? _____

