



ASSISTANCE APPLICATION FOR THE TABITHA PROJECT

The Tabitha Project provides home repair assistance for low-income families in the Pinellas County area.

Grace, mercy and peace be with you all from God our Father and from our dear Lord and Savior, Jesus the Christ.

Please provide the information requested below to determine eligibility. Understand that submission of this application does not confirm your eligibility for any assistance and additional information may be needed to determine eligibility.

All information contained herein will remain private and confidential.

Name of Applicant: _____ Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____ Date of Birth: _____

Email: _____

Is Applicant currently employed? _____ Name of Employer: _____ Phone: _____

Financial Information: Please provide the following information concerning the monthly finances of the household applying for assistance. Include a copy of the last 4 weeks of pay stubs for the household and any additional documents that may assist in determining eligibility.

Gross Income: \$ _____ Utilities: \$ _____ Housing: \$ _____

Groceries: \$ _____ Automotive: \$ _____ Medical: \$ _____ Debt Payments: \$ _____

Child Support: \$ _____ Other Expenses: \$ _____ Please Explain: _____

The Tabitha Project is a 501c3 non-profit organization
PO Box 681 Tarpon Springs, FL 34688
Phone: 727-937-6171
Fax: 727-927-6172
thetabithaproject.org

Include any additional information that may be important in determining your financial eligibility, for example, recent financial changes (use additional sheet if needed): _____

Household Members (use additional sheet if needed):

Spouse/Partner Name: _____ Age: _____

Child 1 Name: _____ Age: _____

Child 2 Name: _____ Age: _____

Child 3 Name: _____ Age: _____

Child 4 Name: _____ Age: _____

Type of repair work you are applying for (please provide any previous estimates or bids):

How were you referred to us?

Please provide any additional information you believe is important for us to know regarding your request for assistance _____

Waiver and Release

In consideration of my acceptance of financial aid or repair work from The Tabitha Project, I hereby, for myself, my heirs, my executors and administrators, waive any and all claims I may have against The Tabitha Project, its employees, agents, representatives, assigns, and anyone else working with them, as well as all participating groups and any other individuals associated with The Tabitha Project, as well as all of these individuals and groups for any and all injuries and/or damages that may be sustained by me in any manner arising out of or in connection with The Tabitha Project. In addition to the foregoing, and in further considerations of my acceptance of financial aid or repair work from The Tabitha Project, I agree to use my image and any photos, motion pictures, recordings, or any other form of record for this event for any legitimate purpose. Furthermore, I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback. In filling out this form I acknowledge that

I have read and fully understand the terms of this Waiver and Release and expressly agree to all such terms without reservations.

Applicant/Legal Guardian

Witness

Print Name

Print Name

Date

Date

The Tabitha Project. Representative

Date Reviewed

Mail, fax or email the completed application along with the required information to:

Sylvia Thoma
sylvia@thetabithaproject.org
PO Box 681
Tarpon Springs, FL 34688
Fax: 727-927-6172

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