

# Application for Assistance

Applicant(s) Name(s) Please Print

Phone#

Address

City

State

Zip

Employer

Dates of Employment

Contact Name and Phone

Monthly Household Income (circle one):    >\$1,200    \$1,201-\$2,000    \$2,001-\$2,999    <\$3,000

Monthly Expenses (Estimated Total) \_\_\_\_\_

# of Adults in household \_\_\_\_\_

# of Children in household \_\_\_\_\_

Veteran/Active Military YES NO

Why do you need our help?

To qualify for assistance I, to the best of my knowledge, meet the following criteria (check all that apply):

- I am currently employed.
- I do not, at this time, have financial or physical means to perform the requested repairs
- Requested repairs, if not performed, pose a threat to one or more of the following:
  - The safety or health of myself/family
  - The status of my employment
  - The removal of my children from my care
- I am willing, upon approval/completion of my repair, to volunteer 1 day (8 hours) of my time.

**Please include, on a separate page:**

- 1. A brief explanation of your situation**
- 2. The names and phone #'s of 2 personal references**
- 3. A copy of valid photo ID**

I certify that, under penalty of perjury, the above information is, to the best of my knowledge, true.

X

Applicant Signature

Date

Good Neighbors, Inc.  
P.O. Box 640  
Staffordsville, Ky 41256