



Residential & “Ramp Up” Project Application

NOTE TO APPLICANT: In order to determine your eligibility, you must provide all information included in this application. This information is considered confidential and will only be used as necessary to determine your eligibility for our Residential Projects.

Please read each question carefully, answer each question completely, and be prepared to verify any information. PROVIDING FALSE OR INCOMPLETE INFORMATION WILL DISQUALIFY THIS APPLICATION.

Applicant Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home/Cell Phone: (_____) _____ - _____ Alternate Phone: (_____) _____ - _____

Email Address: _____

HOUSEHOLD COMPOSITION

List yourself and anyone who lives with you.

Last Name, First Name	Relationship to Head of Household	Birthdate	Age	Marital Status

FINANCIAL INFORMATION

Sources of Income (Check all that apply and include current documentation for items checked)

SSI	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Monthly Amount: \$ _____
SSDI	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Monthly Amount: \$ _____
SSA (Retirement)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Monthly Amount: \$ _____
Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Monthly Amount: \$ _____
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Monthly Amount: \$ _____
Pension	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Monthly Amount: \$ _____
Welfare (TANF)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Monthly Amount: \$ _____
Other (Alimony, Real estate, Bonds, Investments, Supplemental trust)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Monthly Amount: \$ _____
Please specify: _____	

When you are looking for the information you need to get help in Bartholomew County, you expect it right away. Through United Way of Bartholomew County, you will quickly find the information you need, when you need it, at www.searchuwbc.org.

Asset Information (Documentation may be required)

Checking Bank/Credit Union: _____ Current Balance: \$ _____ <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> No checking account	Savings Bank/Credit Union: _____ Current Balance: \$ _____ <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> No savings account
Stocks/Bonds <input type="checkbox"/> YES (Provide company name) _____ _____ <input type="checkbox"/> NO Stocks/Bonds	Real Estate <input type="checkbox"/> YES Monthly Payment: \$ _____ Jointly owned by: _____ <input type="checkbox"/> NO Real Estate Landlord Name: _____ Landlord Tel#: _____

DISABILITY CERTIFICATION

Name of person(s) with a disability/medical condition.
Briefly describe condition & level of independence for each.

Briefly describe the work you need done at your home: _____

Are you able to pay for materials needed? (Answering 'NO' does not disqualify you from the program!) YES / NO

Have you ever received residential services from United Way? YES / NO

I certify the information given in this application is accurate and complete. I further understand that any inaccuracies or information withheld may be the basis for immediate denial of my application. I further agree that this application does not constitute any oral and/or written commitment on the part of United Way of Bartholomew County.

Signature of Applicant: _____ Date: ____/____/____

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