

# GREATER BLESSINGS BOX APPLICATION

Return to:  
**Ginger Ford Northshore Fuller Center**  
**955 S. Morrison Blvd.**  
**PO Box 96**  
**Hammond, LA 70404-0096**

Dear Applicant: We need you to complete this application to determine need for your repair project. Please fill out the application as completely as possible and attach any documents that are requested. Incomplete applications will not be considered until all requested documentation has been submitted to the Fuller Center. All information on this application will be kept strictly confidential. We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, marital status, or national origin.

1. APPLICANT/CO-APPLICANT INFORMATION							
Applicant's Name				Co-Applicant's Name			
Date of Birth		Age		Date of Birth		Age	
Home Phone		U.S. Military Veteran?		Home Phone		U.S. Military Veteran?	
Cell Phone		Honorably Discharged?		Cell Phone		Honorably Discharged?	
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)				<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)			
Dependents and Others that live with you (not listed by co-applicant)				Dependents and Others that live with you (not listed by applicant)			
Name		Age	Male/Female	Name		Age	Male/Female
			<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/>
<b>Home Address</b> (street, city, state, zip code)				<b>Do you need a wheelchair ramp?</b>			
Number of Years:		<input type="checkbox"/> Own		Number of Years:		<input type="checkbox"/> Own	
<b>Please describe the repairs needed on your home in the box below.</b>							
<b>FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE</b>							
Date Application Received _____		More Information Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No			Date Denial Letter Sent _____		
Date Application Completed _____		Date Sent to Board _____			Date Greater Blessing Box Homeowner Agreement and Release Waiver		
Date of Home Visit for Assessment of Repairs _____		<input type="checkbox"/> Accepted <input type="checkbox"/> Denied			Signed _____		

**2. MONTHLY INCOME AND COMBINED MONTHLY BILLS**

Gross Monthly Income	Applicant	Co-Applicant	Others in Household	Monthly Bills	Monthly Amounts
Base Employment Income*	\$	\$	\$	Rent	\$
AFDC/TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance	
SSI				Child Care	
Disability				School Lunches	
Alimony				Credit Card Payment	
Child Support				Student Loans	
Other (specify)				Alimony/Child Support	
TOTAL	\$	\$	\$	TOTAL	\$

**3. AUTHORIZATION AND RELEASE**

I understand that by filing this application, I am authorizing The Fuller Center for Housing to evaluate my actual need for repairs to my home. I own my home and it is my intent to live in that home for at least the next 5 years and my willingness to be a partner family. I understand that the evaluation will include personal visits. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied. By signing you further agree to allow The Fuller Center to use the fact that your home is being repaired and photographs, videos and other media may be taken and used to promote The Fuller Center mission. The original or a copy of this application will be retained by The Fuller Center for Housing even if the application is not approved. Under the Privacy Act, all personal information provided to Fuller Center for Housing is on a voluntary basis, and that information provided will be protected to the extent permitted by the Privacy Act. Voluntarily submitting information constitutes your consent for Fuller Center for Housing to use the information for the purpose stated and indicates to us you are aware of Fuller Center for Housing's Privacy Policy provisions.

**Applicant Signature**

**Date**

**Co-Applicant Signature**

**Date**

X \_\_\_\_\_

X \_\_\_\_\_