

OFFICE USE ONLY

APPLICATION NUMBER: \_\_\_\_\_

Received: \_\_\_/\_\_\_/\_\_\_

Approve / Denied?

Start \_\_\_/\_\_\_/\_\_\_

Inspected: \_\_\_/\_\_\_/\_\_\_

 A/D Ltr

Completed \_\_\_/\_\_\_/\_\_\_

[www.carpentershelper.net](http://www.carpentershelper.net)

(601) 582-3330ph

The Carpenter's Helper

629 North Main Street

Hattiesburg, MS 39401

[tch@megagate.com](mailto:tch@megagate.com)

(601)582-3354fx

**APPLICATION FOR ASSISTANCE:** *Only complete applications will be considered. If you have any questions or need assistance completing the application, just ask a TCH representative.*

First, tell us a bit about you...

Name: _____	<input type="checkbox"/> Single	Ph: _____
Street Address: _____	<input type="checkbox"/> Married	Lamar Forrest Perry
City/State/Zip: _____	<input type="checkbox"/> Divorced	Own or Rent
	<input type="checkbox"/> Widowed	

*Please provide employment information for all adult occupants. You may use a separate sheet if necessary.*

1 - Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Disability/Social Security: \$ \_\_\_\_\_/mo (If so please include a statement of benefits which may obtain for the Social Security office.)

2 - Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Disability/Social Security: \$ \_\_\_\_\_/mo (If so please include a statement of benefits which may obtain for the Social Security office.)

*Please select descriptions for each occupant of your home. This information is collected for reporting purposes only and does not affect the status of your application in any way.*

<i>Demographic Data:</i>			
Individual	Age	Ethnicity <i>For example: Indian, African American, Asian, Caucasian, Hispanic</i>	Disability Type <i>Choose from: Visual, Hearing, Learning/Cognitive, Psychological, Physical</i>
Person #1			
Person #2			
Person #3			
Person #4			
Person #5			
Person #6			

Do you own rental property? (If yes, monthly income: \$ \_\_\_\_\_)

How long have you lived at this address? \_\_\_\_\_

How did you hear about TCH? \_\_\_\_\_

Are you affiliated with a local church? \_\_\_\_\_

Now, would you please tell us a bit about your home?

Mortgage Holder: \_\_\_\_\_

Homeowner's Insurance?

Monthly Payment: \_\_\_\_\_

Flood Insurance?

Principle Balance: \_\_\_\_\_

*Please return copies of the following documents with your application for assistance:*

- The deed for your home (This must have the applicant's name on it. If you are an heir, visit City Hall and have the deed changed.)
- The declaration page of your insurance policy (if applicable) You may request a copy from your insurance agent.

*Repairs requested:*

*How was your home damaged?*

*List all other organizations with which you have applied for assistance and the status of your application:*

*Have you received funds to make repairs? From whom and how has it been spent?*

*Please initial each statement, and sign below:*

\_\_\_\_\_ I understand that acceptance of this application does not guarantee assistance, that it may not be processed if it is incomplete, and that it will be retained whether or not assistance is granted.

\_\_\_\_\_ I understand that my home must be accessible for inspection at times agreed on with TCH.

\_\_\_\_\_ I authorize the publication of photos of damage and repairs.

\_\_\_\_\_ I authorize verification and release of all documentation provided as well as a title opening and appraisal of my property, if applicable.

\_\_\_\_\_ I certify that all information I have provided in this application is correct and true to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date