

ReBuilding Hope for Seniors Application

(PLEASE PRINT Partially Completed Applications Will Not Be Considered)

Applicant #1: Name _____ Date of Birth _____ / _____ / _____
Month Day Year

Applicant #2: Name _____ Date of Birth _____ / _____ / _____
Month Day Year

Address: _____ City _____ Zip _____

Phone Numbers:

Home: _____ Cell: _____ Other: _____

The information you provide below is to be used solely by Mountain Country Homes of Hope in determining whether you meet the parameters of the ReBuilding Hope for Seniors program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not, your application may be delayed or rejected. The undersigned waives any requirements imposed by Federal or State law that limits the use of this information by Mountain Country Homes of Hope, Inc.

Number of people living FULL TIME in the house: Adults over 60 _____ Under 60 _____

How long have you lived in your home? _____ **Monthly mortgage pymt:** _____

Are house payments current? Yes No

If not current, please explain reason: _____

Name of Mortgage Holder: _____

Name of Homeowner Insurance carrier: _____

Name and phone number of a friend or relative who does not reside in your home:

Approximate MONTHLY income (include salary, pensions, Social Security, disability):\$ _____

Approximate MONTHLY NET income (after bills are paid): \$ _____

Are you willing to sign a **Promissory Note** agreeing to make **reasonable** monthly payments for this work?
(An amount exceeding the gratis \$300.00. You will receive estimated cost, in writing, prior to work beginning.)

Yes _____ No _____

Will you allow us to use your photograph in promotional pieces for ReBuilding Hope? _____

House construction: Stick Built:_____ Mobile Home:_____ Other:_____ Explain

Please describe what repairs are needed: _____

Continue on additional page if more detail is required

READ BEFORE SIGNING: If accepted into the *ReBuilding Hope for Seniors* program, I/We agree to make reasonable monthly payments for repairs **which exceed the initial \$300.00. The cost of repairs exceeding the gratis \$300.00 will be determined prior to beginning work and given to me in writing.** I/We agree to maintain the repairs and keep them in good condition. I/We attest that all the information given on this application is true, and understand that penalties may be involved for knowingly providing false information.

Applicant #1 Signature Printed Name Date

Applicant #2 Signature Printed Name Date

Mountain Country Homes of Hope * P.O. Box 6549 * Branson, MO 65615 * 417-335-2015

ReBuilding Hope for Seniors is a Mountain Country Homes of Hope program.