



Greater Blessing Application

Return completed application and all requested documents to:

FCH of Middle Tennessee P.O. Box 2280 Antioch, TN 37011

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 for Housing of Middle TN. All information on this application will be kept strictly confidential.

1. Applicant/Co-Applicant Information

| | | | |
|--|---|--|---|
| Applicant's Name | | Co-Applicant's Name | |
| Date of Birth | Age | Date of Birth | Age |
| Home Phone | Best Time To Reach | Home Phone | Best Time To Reach |
| Work Phone | Best Time To Reach | Work Phone | Best Time To Reach |
| <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 | |
| | | <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"/> |
| Home Address (street, city, state, zip code) | | Home Address (street, city, state, zip code) | |
| Number of Years: | <input type="checkbox"/> Own <input type="checkbox"/> Rent | Number of Years: | <input type="checkbox"/> Own <input type="checkbox"/> Rent |
| Do you own other land or property? <input type="checkbox"/> No <input type="checkbox"/> Yes-If yes please list address of other land or property _____ | | | |

Please describe the repairs requested in this box

Do you have homeowners insurance? Yes _____ No _____

If so, please list your homeowner's insurance company name _____

Please list your homeowner's insurance policy number _____

2. Monthly Income And Combined Monthly Bills

| Gross Monthly Income | Applicant | Co-Applicant | Others in Household | Monthly Bills | Monthly Amounts |
|-------------------------|-----------|--------------|---------------------|-----------------------|-----------------|
| Base Employment Income* | \$ | \$ | \$ | Rent/Mortgage | \$ |
| 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, RELEASE & PRIVACY ACT AGREEMENT

I understand that by filing this application, I am authorizing The Fuller Center for Housing of Middle TN 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 for Housing of Middle TN 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. I have read this agreement and understand that my application and all the attached documentation will be maintained in The Fuller Center for Housing of Middle TN files whether I am approved for a Greater Blessing project or not. I understand that information contained in the application packet will be kept in utmost confidence and not shared with any other person or organization outside The Fuller Center for Housing of Middle TN.

This is to acknowledge that I have read and understand the details of the Authorization, Release and the Privacy Agreement.

X _____
Applicant Signature Date

X _____
Co-Applicant Signature Date

| FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE | | |
|--|--|--|
| Date Application Received _____ | More Information Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Denial Letter Sent _____ |
| Date of Home Visit for Assessment of Repairs _____ | Date Sent to Board _____ | Date Greater Blessing Box Homeowner Agreement and Release Waiver |
| | <input type="checkbox"/> Accepted <input type="checkbox"/> Denied | Signed _____ |