



Building on Higher Ground

Return completed application and all requested documents to:

Tallahassee Fuller Center for Housing
PO Box 12951
Tallahassee, FL 32317-2951

Greater Blessing Box Application

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.

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 Tallahassee Fuller Center. 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	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	Number of Years:	<input type="checkbox"/> Own
Please describe the repairs requested in the box below			
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 _____	Date Sent to Board _____	Date Greater Blessing Box Homeowner Agreement and Release Waiver	
Date of Construction Assessment _____	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied	Signed _____	
Referred by _____			

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	\$
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 Tallahassee 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 Tallahassee Fuller Center for Housing 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 Tallahassee Fuller Center for Housing even if the application is not approved. Under the Privacy Act, all personal information provided to Tallahassee 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 Tallahassee Fuller Center for Housing to use the information for the purpose stated and indicates to us you are aware of Tallahassee Fuller Center for Housing's Privacy Policy provisions.

Applicant Signature _____ **Date** _____ **Co-Applicant Signature** _____ **Date** _____

X _____ X _____