

## **Application Form – Individual**

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Date:	

Referred By:			
Homeowner Informati	on		
Name of homeowner			
Address		Zip	Phone
Names(s) on home deed			
Ages and relationships of c	ther residents		
Disabilities			
Has "Notice and Order" fro	m the Division of Cod	de Enforcement b	een received?
	e for anyone living in th		ny this application. You must send a years of age or older (i.e. social security
Annual Income	Source	es	
Other resident's annual inc	ome	Sources	
<b>Asset Information</b> Please list other property o	wned		
Other assets			
<i>Information on Local Rel</i> and Name of local family members			Phone
Complete this section for Information on Repairs Nee	-	scription of Need	i
Caulking Exterior Painting	_ Tuck pointing		eplacement

What are the time constraints (urgency) on this project?		
What can you contribute to this project?		
Area of need other than home repair:		
Have you applied for assistance with other agencies If so, please explain and was assistance given:	s or organizations?	
Please complete the application and sign below:	Return signed application along with	
	requested items to:	
Signature	Building Industry Association of Central KY c/o BIA Cares Inc. 3146 Custer Drive Lexington, KY 40517	
	Phone: (859) 273-5117 ext. 27	
Signature	Fax: (859) 271-0291	