

Page 2

Please provide the following information for everyone who lives in the home.

<u>Source of Income</u>	<u>Homeowner</u>	<u>Resident #2</u>	<u>Resident #3</u>	<u>Resident #4</u>
Wages	\$ _____	\$ _____	\$ _____	\$ _____
Disability.....	_____	_____	_____	_____
Pension	_____	_____	_____	_____
Unemployment compensation	_____	_____	_____	_____
Social Security.....	_____	_____	_____	_____
Alimony.....	_____	_____	_____	_____
Child Support.....	_____	_____	_____	_____
Welfare.....	_____	_____	_____	_____
Other.....	_____	_____	_____	_____
Total Annual Income	\$ _____	\$ _____	\$ _____	\$ _____
	=====	=====	=====	=====
Balance in bank & investment/retirement accounts	\$ _____	\$ _____	\$ _____	\$ _____
	=====	=====	=====	=====

Briefly describe the repairs needed:

What assistance with repairs has been previously received, when and from whom?

Signature of Homeowner

Date

**PLEASE SUBMIT DOCUMENTATION OF THE SOURCES
OF INCOME SHOWN WITH THIS APPLICATION.**

Please return to: Home Works, PO Box 102, Irmo, SC 29063