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***Sharing Love, Changing Lives Through Design***

**Program Application**

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| **APPLICANT INFORMATION: *Please print.*** |
| **Applicant’s Name:**  | **Date of Birth:**  | **Age:**  |
| **Spouse’s Name:**  |
| **Address:**  | **City:**  | **Zip:**  | **Phone:**  |
| **Marital Status:** [ ]  **Married** [ ]  **Widowed** [ ]  **Single** [ ]  **Divorced** [ ]  **Separated** |
| **Homeowner’s Name: (if different from Applicant or Spouse)**  |
| **Address:**  | **City:**  | **State:**  | **Zip:** | **Phone:** |
| **HOUSEHOLD INFORMATION: *List all household members, including yourself and your spouse. If necessary, use a separate sheet.*** |
| **Full Name** | **Date of Birth** | **Relationship** | **Do you have a physical disability?** |
|       | **XXXXXXXXXXXX** | **Self** | [ ] **Yes** [ ] **No** |
|       |       |       | [ ] **Yes** [ ] **No** |
|       |       |       | [ ] **Yes** [ ] **No** |
|       |       |       | [ ] **Yes** [ ] **No** |
|       |       |       | [ ] **Yes** [ ] **No** |
| **If you answered yes to a disability, please indicate what type(s):** [ ] **ALS (Lou Gherig’s)** [ ] **Cerebral Palsy** [ ] **Multiple Sclerosis** [ ] **Muscular Dystrophy** [ ] **Spina Bifida** [ ] **Spinal Cord Injury**[ ] **Traumatic Brain Injury** [ ] **Other**  |
| **If you did not list any other household members, do you have family in the DFW area?** [ ] **Yes** [ ] **No** |
| **EMERGENCY CONTACT INFORMATION: Please provide the name of a relative or friend who does not live with you.** |
| **Name:**  | **Relation:**  | **Phone:**  |

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| **ANNUAL INCOME: Please list *all* income for *all* members of the household 18 year of age and older. If necessary, use a separate sheet.**  |
| **Types** | **Applicant** | **Spouse** | **Other** | **Other** | **Other** | **Total** |
| **Salary, Overtime, Bonuses** |       |       |       |       |       |       |
| **Interest/Dividends** |       |       |       |       |       |       |
| **Net Business Income** |       |       |       |       |       |       |
| **Net Rental Income** |       |       |       |       |       |       |
| **Retirement/Pension** |       |       |       |       |       |       |
| **Social Security** |       |       |       |       |       |       |
| **SSI/Disability** |       |       |       |       |       |       |
| **Unemployment** |       |       |       |       |       |       |
| **Workman’s Compensation** |       |       |       |       |       |       |
| **Alimony, Child Support** |       |       |       |       |       |       |
| **TANF** |       |       |       |       |       |       |
| **Other** |       |       |       |       |       |       |

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| **ASSESTS: Please list the cash value of each asset type for all household members. If necessary, use a separate sheet.** |
| **Types**  | **Applicant** | **Spouse** | **Other** | **Other** | **Total** |
| **Cash on Hand** |       |       |       |       |       |
| **Checking Account(s)\*** |       |       |       |       |       |
| **Savings Account(s)\*** |       |       |       |       |       |
| **Credit Union Account(s)\*** |       |       |       |       |       |
| **Stocks** |       |       |       |       |       |
| **Home Value Primary Residence** |       |       |       |       |       |
| **Rental Property** |       |       |       |       |       |
| **Other** |       |       |       |       |       |

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| **VETERAN STATUS INFORMATION** |
| **Are you or a household member a veteran?** [ ] **Yes** [ ] **No**  |
| **Veteran’s Name** | **Branch** | **Years of Service** | **Honorable Discharge** |
|       |       |       -       | [ ] **Yes** [ ] **No** |
|       |       |       -       | [ ] **Yes** [ ] **No** |

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| **HOME MODIFICATION NEEDS: Please check all that apply.** |
| [ ] **Doorways** [ ] **Hallways** [ ] **Bathroom** [ ] **Kitchen** [ ] **Bedroom** [ ] **Lighting** [ ] **Other**  |
| **Why are you unable to make modifications? *Please use a separate sheet.*** |
| **In what year was your house built?**  |
| **Please tell us about yourself and why you should receive assistance from Livable Arrangements. *Use a separate sheet.*** |
| **STRUCTURAL/SYSTEM PROBLEMS: Please check all that apply. If necessary, use a separate sheet.** |
| [ ] **Cracking Walls** [ ] **Doors not closing** [ ]  **Plumbing** [ ] **Electrical** [ ] **Heating/Cooling** [ ]  **Other**  |

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| **REFERRAL INFORMATION** |
| **Which agency/organization referred you to us?**[ ]  **Reach Dallas** [ ]  **Reach Plano** [ ]  **LAI Website** [ ] **Other**  |

**By signing this application, I/we certify that the information provided is true and correct. I/We authorize Livable Arrangements, Inc. and its designated agents to contact all sources necessary to verify the information provided for the purpose of determining eligibility for Livable Arrangements programs. I/We further certify that I am/we are the legal owner(s) of the property to be modified and that the property is my/our principal residence.**

**\_\_\_\_I/We understand that any discrepancy or omission in the information I have provided may disqualify me from participation in Livable Arrangements programs.**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicant’s Signature Date**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Spouse/Household Member Date**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Household Member Date**

**Livable Arrangements Incorporated ● P.O. Box ● Plano, TX 75094 ● (972) 696-9135 ● info@livablearrangements.org**