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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**