



APPLICATION FOR ASSISTANCE

A) APPLICANT PROFILE

- 1) LEGAL NAME OF APPLICANT: _____
- 2) OPERATING NAME, IF DIFFERENT: _____
- MAILING ADDRESS: _____
- CITY, PROVINCE, POSTAL CODE: _____
- PHONE NUMBER: _____ EMAIL ADDRESS: _____
- BRANCH OF SERVICE: _____ DD-214: _____

2) PRIMARY CONTACT:

- NAME: _____
- TITLE: _____
- PHONE NUMBER: _____
- EMAIL ADDRESS: _____

B) PROJECT INFORMATION

- 1) PHYSICAL LOCATION OF THE PROJECT: _____
- 2) BRIEFLY DESCRIBE THE PROJECT:
- 3) ESTIMATED TOTAL PROJECT COSTS: \$ _____
- 4) AMOUNT REQUESTED FROM OPERATION REBUILD HOPE: \$ _____
- 5) IS THE APPLICANT ABLE TO PROVIDE ANYTHING TOWARDS THE PROJECT? ____ YES ____ NO
\$ _____ AMOUNT
IF YES, PLEASE PROVIDE SPECIFIC DETAILS:
- 6) ESTIMATED START DATE OF PROJECT: _____

C) OWNERSHIP			
1) DO YOU OWN THE HOME? _____ YES _____ NO IF YES, PLEASE PROVIDE THE MORTGAGE LENDER: _____			
2) DO YOU INTEND TO SELL THE HOME WITHIN 3 YEARS? _____ YES _____ NO IF YES, PLEASE EXPLAIN:			
D) DISCLOSURES		YE S	NO
1) LITIGATION IS THE APPLICANT INVOLVED IN ANY LITIGATION, LEGAL ACTION, SUIT OR CLAIM PENDING, UNDER WAY OR LOOMING, OR ARE THERE ANY PROCEEDINGS BEFORE ANY COURT, TRIBUNAL, GOVERNMENT BOARD OR AGENCY? ARE THERE ANY JUDGMENTS OUTSTANDING AGAINST THE APPLICANT?		<input type="checkbox"/>	<input type="checkbox"/>
2) MATERIAL CONTRACTS IS THE APPLICANT IN DEFAULT UNDER ANY SIGNIFICANT CONTRACT OR ANY FINANCING ARRANGE- MENT?		<input type="checkbox"/>	<input type="checkbox"/>
3) TAXES IS THE APPLICANT IN ARREARS IN THE PAYMENT OF INCOME, BUSINESS OR PROPERTY TAXES, SALES TAXES, PAYROLL DEDUCTIONS, ETC.?		<input type="checkbox"/>	<input type="checkbox"/>
4) OTHER GOVERNMENT FUNDING HAS THE APPLICANT RECEIVED, OR SOUGHT, ANY OTHER GOVERNMENT FUNDING FOR THIS PROJECT?		<input type="checkbox"/>	<input type="checkbox"/>
IF YOU ANSWERED "YES", PLEASE PROVIDE DETAILS:			
E) REQUIRED DOCUMENTS			
1) COMPLETED, SIGNED, DATED APPLICATION		<input type="checkbox"/>	
2) COPY OF YOUR LAST <u>3 MONTHS</u> OF PAY STUBS		<input type="checkbox"/>	
3) COPY OF DD-214		<input type="checkbox"/>	
F) CONSENT AND CERTIFICATION			
1) I certify the information provided, to the best of my knowledge and ability, is complete, true, and correct, and that this will apply to all information provided in the future in connection with the assessment of this project. Furthermore, I will promptly notify Operation Rebuild Hope if any of the information changes.			

I have read and understood the above Consent and Certification.

Applicant Signature

Date

OFFICE USE ONLY:

Date Application Received: _____

Assessment Completed By: _____

Approved/Denied: _____ Amount: _____