**Arborist Service Assistance Program**

**Request for Service Form**

Dear Applicant:

Please keep this page for your records. Thank you for your interest in the Arborist Service Assistance Program. To apply, please fill out the application and provide all the following documentation:

Please mail, drop off completed applications at the address listed below or email to beetstreeservice@gmail.com:

Asap Tree And Fencing LLC.

Arborist Service Assistance Program

104 Lone Oak Cir.

Shawnee, OK 74804

If you have any questions about completing your application, please contact Misty at (405) 974-1088 or

beetstreeservice@gmail.com.

**Application Instructions:**

1. Refer to the requirements outlined on the following page to confirm your eligibility before proceeding.

2. Fill out this form and complete each section in its entirety. Sign and date all forms. Please print all information.

3. Attach copies of all of the following documentation (do not include originals).

• Photo IDs for all Applicants

• Copy of Certificate of Title for your home

• Recent utility bill

• Proof of Homeowner’s Insurance Policy

• For every person in your household 18 years or older, most recent income tax return complete with all schedules, W-2s and 1099s

• For every person in your household 18 or older:

O Copies of your last three most recent consecutive pay stubs for all employment income including on call or seasonal/temporary/informal work

O Benefit letters of financial support (SSI, Disability, Cash Aid, unemployment,

retirement, or other similar benefits)

o Self-employment income: last 3 years tax returns complete with schedule “C” and all applicable schedules and 1099s

• For Tenants in the house:

O Provide rental agreement with signatures of homeowner and resident

We are looking forward to your participation in our Program!

**What Are the Requirements for Receiving Service?**

* Own your home
* Live in your home
* Be a Willing Partner

Recipients of ASAP must contribute to their project’s success by being a good partner in the following ways:

Availability – Answer and return phone calls and return forms requiring your signature in a timely manner. Make a reasonable effort to be available for visits and repair work.

Patience – We are a program dedicated to helping those in need. Please exercise patience and show kindness when dealing with our staff and volunteers.

Our Process

1. Return this form with the required documents outlined on page one.

2. Once we have received this form, someone will call you within 10 business days to review your application with you, to help us form an even better picture of your needs.

3. If all required documentation is not received within 30 days, your request will be denied due to inactivity. You are welcome to reapply.

4. ASAP will contact you to set up a time to visit your home. Asap will then decide as to which services can be performed for you.

5. ASAP will reach out to you explaining which of your home repair and rehabilitation needs we are able to assist you with and outlining next steps.

6. Once all requested information is received and your project is approved, your services will be scheduled, subject to weather conditions if applicable.

7. Funding for services is available on a first come, first served basis.

**SECTION 1. HOMEOWNER INFORMATION**

APPLICANT 1 INFORMATION

Applicant 1: Name (First Middle Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_Male \_\_\_\_ Female Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address (street, city, state, zip) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the best way to be contacted? \_\_\_\_Email \_\_\_\_Primary \_\_\_\_ Telephone

Disabilities: \_\_\_\_Yes \_\_\_\_No Primary Phone ( ) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_\_\_\_\_\_\_Alternate Phone( ) \_\_\_\_\_\_\_-\_\_\_\_\_\_\_

Legally Married \_\_\_\_Single\_\_\_\_Separated\_\_\_\_Divorced\_\_\_\_Widowed\_\_\_\_

Annual Income\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Serving in The US Military? Yes\_\_\_\_ No\_\_\_\_

US Military Veteran? \_\_\_\_Yes \_\_\_\_No Widow of a Vet? \_\_\_\_Yes \_\_\_\_No

If yes to either, which branch:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT 2 INFORMATION

Applicant 2: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(First Middle Last) Male \_\_\_\_ Female \_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address (street, city, zip) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the best way to be contacted? \_\_\_\_\_Email \_\_\_\_\_ Primary Telephone

Disabilities: \_\_\_\_Yes \_\_\_\_No ( ) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_Primary Phone

Date of Birth \_\_\_\_\_\_\_\_\_\_(mm/dd/yyyy) ( ) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_Alternate Phone

Legally Married \_\_\_\_\_ Single \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_

Annual Income \_\_\_\_\_\_\_\_\_\_\_ Serving in The US Military? \_\_\_\_Yes \_\_\_\_No

US Military Veteran? \_\_\_\_ Yes \_\_\_\_ No Widow of a Vet? \_\_\_\_Yes \_\_\_\_ No

If yes to either, which branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDITIONAL HOUSEHOLD MEMBER(S) INFORMATION**

(Do not list Tenants or Non-Family Fulltime Caregivers)

First and Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB(mm/dd/yyyy)\_\_\_\_\_\_\_\_\_\_

Gender \_\_\_\_\_Male \_\_\_\_Female \_\_\_\_\_\_\_\_\_\_Relationship Annual Income \_\_\_\_\_\_\_\_

Military? Y/N Disabilities? Y/N Widow of a Vet? Y/N

**SECTION 2: HOMEOWNER PRIORITIES**

What are your top 4 priorities for repair or help?

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 3. CONTACT INFORMATION**

Who prepared this request?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to homeowner? \_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( )\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_

Preferred Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If English is not your preferred

language, is there an English speaker residing in the home? Yes / No (please list English speaker as the primary contact below)

Who is the primary contact? \_\_\_\_ Homeowner \_\_\_\_ Family member/friend/neighbor\_\_\_\_ Social Worker/Case Manager \_\_\_\_ Other:\_\_\_\_\_\_\_\_\_

If the primary contact is someone other than the homeowner, please provide their contact info below:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: ( ) \_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ home/mobile/work Address (if different from homeowner): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 4: ADDITIONAL HOMEOWNER INFORMATION**

Have you applied for or received free or low-cost repairs from another organization since this year? □ Y □ N

If yes, what organization? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approximate Date of service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about our program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you own other property than the one that needs home repairs? □ Y □ N

Do you own your own home? □ Y □ N Name(s) of additional title holder(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many years have you lived in your home? \_\_\_\_\_\_ What year was your home built? \_\_\_\_\_\_\_\_\_\_\_\_ Are you current on your property taxes? □Y □N

Home Type: □ Single-Family □ Mobile (If a mobile:□ Single-wide □ Double-wide □ Triple-wide)

How many Bedroom(s)\_\_\_\_\_ Bathroom(s)\_\_\_\_\_ Park Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yours is a mobile home, is it registered with: □ HCD □ DMV

Are you current on your annual HCD fee? □ Y □ N

Do you have homeowner’s insurance? □ Y □ N

Do you have any outstanding loans on your property? □ Y □N If yes, include total amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you plan to sell your home in the near future? □ Y □ N If so, when?\_\_\_\_\_\_\_\_\_\_

Does anyone in your household not file tax returns? Please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been cited for any housing code violations? \_\_\_\_\_Yes \_\_\_\_\_ No If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 5. Homeowners Assets & Questions**

ASSETS

Include savings, retirement accounts, stocks, bonds, and other forms of capital investment. Provide the most recent statement for all assets.

Name(s) on account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Bank, Credit Union, Retirement Account, etc.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Type: \_\_\_\_ Savings\_\_\_\_ Checking\_\_\_\_\_ CD\_\_\_\_\_ Retirement \_\_\_\_\_

Balance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DECLARATIONS

Please check the box that best answers the following questions for Applicant 1 and Applicant 2. Answering “yes” to these questions does not automatically disqualify you. If

you answer “yes” to any questions a‐l, please provide relevant documentation explaining current status, minimum monthly payments, and outstanding balances.

Include savings, retirement accounts, stocks, bonds, and other forms of capital investment. Provide the most recent statement for all assets.

Name(s) on account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Bank, Credit Union, Retirement Account, etc.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Type: \_\_\_\_ Savings\_\_\_\_ Checking\_\_\_\_\_ CD\_\_\_\_\_ Retirement \_\_\_\_\_

Balance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the box that best answers the following questions for Applicant 1 and Applicant 2. Answering “yes” to these questions does not automatically disqualify you. If

you answer “yes” to any questions a‐l, please provide relevant documentation explaining current status, minimum monthly payments, and outstanding balances.

Include savings, retirement accounts, stocks, bonds, and other

forms of capital investment. Provide the most recent statement for all assets.

Name(s) on account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Bank, Credit Union, Retirement Account, etc.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Type: \_\_\_\_ Savings\_\_\_\_ Checking\_\_\_\_\_ CD\_\_\_\_\_ Retirement \_\_\_\_\_

Balance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the box that best answers the following questions for Applicant 1 and Applicant 2. Answering “yes” to these questions does not automatically disqualify you. If

you answer “yes” to any questions a‐l, please provide relevant documentation explaining current status, minimum monthly payments, and outstanding balances.

Include savings, retirement accounts, stocks, bonds, and other

forms of capital investment. Provide the most recent statement for all assets.

Name(s) on account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Bank, Credit Union, Retirement Account, etc.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Type: \_\_\_\_ Savings\_\_\_\_ Checking\_\_\_\_\_ CD\_\_\_\_\_ Retirement \_\_\_\_\_

Balance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Check the Box That Best Answers the Following Questions:

Applicant 1 Applicant 2

a. Do you have any debt because of a court decision against you? \_

\_\_\_\_ Yes\_\_\_\_ No \_\_\_\_ Yes \_\_\_\_\_No

b. Have you declared bankruptcy within the past 7 years?

 \_\_\_\_Yes \_\_\_\_No \_\_\_\_Yes \_\_\_\_\_No

c. Have you had property foreclosed on in the last 7 years?

\_\_\_\_ Yes\_\_\_\_ No \_\_\_\_ Yes \_\_\_\_\_No

d. Are you presently delinquent or in default on any loan, mortgage, financial obligation, bind, loan guarantee, or Federal debt?

\_\_\_\_ Yes\_\_\_\_ No \_\_\_\_ Yes \_\_\_\_\_No

e. Are there any liens filed against you?

\_\_\_\_ Yes\_\_\_\_ No \_\_\_\_ Yes \_\_\_\_\_No

f. Are you currently involved in a lawsuit?

\_\_\_\_ Yes\_\_\_\_ No \_\_\_\_ Yes \_\_\_\_\_No

k. Have you ever been convicted of a felony?

\_\_\_\_ Yes\_\_\_\_ No \_\_\_\_ Yes \_\_\_\_\_No

l. Have your bank accounts or wages ever been garnished?

\_\_\_\_ Yes\_\_\_\_ No \_\_\_\_ Yes \_\_\_\_\_No

SECTION 6. INFORMATION FOR GOVERNMENT FUNDING PURPOSES

Please read this statement before completing the boxes below:

The following information is requested by the Federal Government for grants and loans related to the purchase of homes in order to monitor the funder’s compliance with the equal credit opportunity and fair housing laws. You are not required to furnish this information but are encouraged to do so. The law

provides that a funder may neither discriminate based on this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations this lender is required to note race and sex on the basis

of visual observation or surname. If you do not wish to furnish the information below, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the loan applied for.)

Applicant 1

Race/National Origin:

I do not wish to furnish this information \_\_\_\_American Indian or Alaskan Native \_\_\_\_ Asian \_\_\_\_ White \_\_\_\_ Black or African American \_\_\_\_Native Hawaiian or Other Pacific Islander \_\_\_\_ Other Multi-Racial (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hispanic or Latino \_\_\_\_Non-Hispanic or Latino \_\_\_\_

Race/National Origin:

Applicant 2

Race/National Origin:

I do not wish to furnish this information \_\_\_\_American Indian or Alaskan Native \_\_\_\_ Asian \_\_\_\_ White \_\_\_\_ Black or African American \_\_\_\_Native Hawaiian or Other Pacific Islander \_\_\_\_ Other Multi-Racial (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hispanic or Latino \_\_\_\_Non-Hispanic or Latino \_\_\_\_

APPLICANT(S) AUTHORIZATION AND RELEASE

I understand that by completing this application, I am authorizing ASAP to evaluate my actual need for repairs of my home and, if applicable, my ability to repay the home repair loan. I understand that the evaluation will include personal visits, a

credit check, and employment verification. I have answered all the questions on this application truthfully. I understand that if I have not answered the questions truthfully, my application may be denied and that even if I have already been selected for home repairs on my home I may be disqualified from the program. I also understand that ASAP reserves the right to screen all potential applicant households on the National Sex Offender Public Registry, and that by completing this application, I am submitting myself and all persons listed on page 1 of the application to such an inquiry. I further understand that by completing this application I am submitting myself and all persons listed on page 1 of the application to a National Sex Offender Public Registry and Anti-Money Laundering check.

Anti-Money Laundering policy: We will check the Office of Foreign Asset Control (U.S. Treasury Department).

ASAP will retain the original or a copy of this application even if the application is not approved.

Applicant 1 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_

Applicant 2 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_

Additional household member over 18- years-old

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_

Additional household member over 18-years-old

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_

Additional household member over 18- years-old

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_

Additional household member over 18-years-old

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_