



APPLICATION

Name of Homeowner: _____ Date of Birth: ____/____/____

Address: _____ Phone #: _____

Name of Neighborhood: _____

Email address if used regularly: _____

Other persons living in household:

Name: _____

Name: _____

Name: _____

Is your name on the deed to the home? Yes No

If not, whose name is it in, and what is the relationship to you?

In an effort to determine financial eligibility, please indicate source of income and amount. (Additional documentation may be required)

Social Security: _____ Public Assistance: _____ Disability SSI: _____

Unemployment: _____ Investment Income: _____ Employment: _____

Rental Income: _____ Retirement: _____ Other: _____

Are you willing to be interviewed by the media (TV, radio, newspaper) to discuss Rolling in Rock Hill? _____ *Please note by not willing to be interviewed will not disqualify your application.

To the best of my knowledge, the information above is correct.

This is an application only. If your home is selected, you will be notified in writing prior to the Rolling in Rock Hill Paint Day. All personal information is necessary, but confidential. All qualifying applicants must meet eligibility requirements.

Signature: _____ Date: _____

Additional comments: _____

