



APPLICATION

MAIL OR FAX YOUR COMPLETED APPLICATION TO:
 400 North Mechanic Street • Cumberland, MD 21502
 Phone 301-777-7134 • Fax 301-722-6966

Name of Homeowner(s): _____

Property Address: _____

Home Phone: _____ Work Phone: _____

Please describe the problem you are having with your home (if additional space is needed please continue on back of application):

Do you own your home? YES NO What company insures your home? _____

LIST PERSONS IN HOUSEHOLD

NAME (First & Last)	GENDER	AGE	RACE /ETHNIC ORIGIN	ANNUAL INCOME
1. _____	_____	_____	_____	_____ \$
2. _____	_____	_____	_____	_____ \$
3. _____	_____	_____	_____	_____ \$
4. _____	_____	_____	_____	_____ \$
5. _____	_____	_____	_____	_____ \$
6. _____	_____	_____	_____	_____ \$

Total Annual Household Income: \$ _____

Is anyone in the household disabled? YES NO Name of disabled person _____

Do you have unusual expenses? YES NO Please describe: _____

Do you pay a mortgage or have other liens on your home? YES NO Amount of mortgage/lien: \$ _____

PLEASE READ AND SIGN THE FOLLOWING: I verify that my statements are true. I wish to have a representative of NAILS visit my home.

 Signature/Date

 Signature/Date

Please return this form to the NAILS office. We look forward to speaking with you about your application.

THIS INFORMATION IS FOR THE CONFIDENTIAL USE OF THE NAILS BOARD OF DIRECTORS

The NAILS Board of Directors is comprised of members of our local churches, business community, and governmental Offices including Social Services and Community Development.

PLEASE INCLUDE COPIES OF DEED OR TAX BILL AND INCOME STATEMENTS. INCOME INCLUDES CHILD SUPPORT, ALIMONY, DISABILITY, SOCIAL SECURITY AND ANY OTHER ASSISTANCE. PROVIDE COPIES OF THE CURRENT YEARS' TAX RETURN TAX RETURNS AND YOUR LAST TWO PAYSTUBS. COPY OF HOMEOWNERS POLICY REFLECTING LIABILITY INSURANCE.