

Tools of Hope Application

A ministry of First Baptist Church, 481 S. Linn Ave. New Hampton, Iowa 50659
(641)-394-4380

In order to be considered for *Tools of Hope*, please fill out the following information. The information will be reviewed and the decision of the selection committee is final.

Name: _____

Address: _____

Phone: _____

E-mail: _____

Age: _____

Who lives at home with you? Please list name, age, and relationship.

Do you own your home? _____ yes _____ no

How long have you lived in your current home? _____

Name and address of current employer: _____

Monthly (gross) wages: _____

Other income (please be specific): _____

Monthly income of anyone else who lives in the household: _____

If you are disabled, please list the disability: _____

What are the requested home repairs or modifications: _____

I understand that *Tools of Hope* is authorized to evaluate my level of need and this evaluation may include personal visits, employment verification, and further documentation. 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. By signing this application, I have read and understand that all work that is agreed upon will be done at no cost to me. This work will be done with volunteer labor as an act of love for the applicant. Therefore, I release *Tools of Hope*, First Baptist Church, and any individual from any damages or liability while doing home repairs or modifications.

Signature: _____

Date: _____