



Building on Higher Ground

Return completed application and all requested documents to:

The Fuller Center for Housing NWLA
P.O. Box 3173
Shreveport, LA 71133
(318) 221-7474 or Fax (318) 221-7437



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, marital status, or national origin.

Dear Applicant: We need you to complete this application to determine need for your repair project. Please fill out the application as completely as possible and attach any documents that are requested. Incomplete applications will not be considered until all requested documentation has been submitted to the Fuller Center NWLA. All information on this application will be kept strictly confidential.

1. APPLICANT/CO-APPLICANT INFORMATION			
Applicant's Name		Co-Applicant's Name	
Date of Birth	Age	Date of Birth	Age
Home Phone	Best Time To Reach	Home Phone	Best Time To Reach
Work Phone	Best Time To Reach	Work Phone	Best Time To Reach
Married Separated Unmarried (single, divorced, widowed)		Married Separated Unmarried (single, divorced, widowed)	
Dependents and Others that live with you (not listed by co-applicant)		Dependents and Others that live with you (not listed by applicant)	
Name	Age Male/Female	Name	Age Male/Female
Home Address (street, city, state, zip code)		Home Address (street, city, state, zip code)	
Number of Years:	Own	Number of Years:	Own
PLEASE DESCRIBE THE REPAIRS REQUESTED IN THE BOX BELOW			
FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE			

Date Application Received _____	More Information Requested: Yes No Date Sent to Board _____ Accepted Denied	Date Denial Letter Sent _____
Date Application Completed _____		Date Greater Blessing Box Homeowner Agreement and Release Waiver
Date of Home Visit to Assess Repair Request _____		
		Signed _____

2.. MONTHLY INCOME AND COMBINED MONTHLY BILLS					
Gross Monthly Income	Applicant	Co-Applicant	Others in Household	Monthly Bills	Monthly Amounts
Base Employment Income*	\$	\$	\$	Rent	\$
AFDC/TANF				Utilities	
Food Stamps				Car Payments	
Social Security				Insurance (Life / Car)	
SSI				Phone / Cell	
Disability				Cable	
Alimony				Credit Card Payment	
Child Support				Food	
Other (specify)				Alimony / Child Support	
TOTAL	\$	\$	\$	TOTAL	\$

3. AUTHORIZATION AND RELEASE-Privacy Policy Statement

I understand that by filing this application, I am authorizing The Fuller Center for Housing NWLA to evaluate my actual need for repairs to my home. I own my home and it is my intent to live in that home for at least the next 5 years and my willingness to be a partner family. I understand that the evaluation will include personal visits. 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 you further agree to allow The Fuller Center NWLA to use the fact that your home is being repaired and photographs, videos and other media may be taken and used to promote The Fuller Center mission. The original or a copy of this application will be retained by The Fuller Center for Housing NWLA even if the application is not approved. Under the Privacy Act, all personal information provided to Fuller Center for Housing NWLA is on a voluntary basis, and that information provided will be protected to the extent permitted by the Privacy Act. Voluntarily submitting information constitutes your consent for Fuller Center for Housing NWLA to use the information for the purpose stated and indicates to us you are aware of Fuller Center for Housing's Privacy Policy provisions.

Applicant Signature	Date	Co-Applicant Signature	Date
X _____	_____	X _____	_____