

DATE: \_\_\_\_\_

## Preliminary Application for Home Improvement Program

\_\_\_\_\_  
Name of Head of Household

\_\_\_\_\_  
Current Street Address                                  City                                  State                                  Zip Code

\_\_\_\_\_  
Mailing Address or PO Box #                                  City                                  State                                  Zip Code

(\_\_\_\_\_) \_\_\_\_\_                                  (\_\_\_\_\_) \_\_\_\_\_  
Home Phone No.    Cell Phone No.

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

### **HOUSEHOLD COMPOSITION:**

Name	Relationship to Head of Household	Gender	Date of Birth	Annual Income	Employer or Other Source of Income
1.	Head of Household			\$	
2.				\$	
3.				\$	
4.				\$	
<b>HOUSEHOLD TOTAL INCOME</b>				\$	

### **HOME REPAIRS NEEDED:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Return Completed Form To:**

Triad Associates  
Attn.: Zoey Sullivan  
1301 West Forest Grove Road  
Vineland, NJ 08360

-or-

FAX this application to 856-690-5622.

*If you have any questions please call 856-690-9590.*