



Return completed application and all requested documents to:
Bunkertown Building Outreach Ministry Committee
52 Bunkertown Road
McAlisterville, PA 17049

1. APPLICANT/CO-APPLICANT INFORMATION			
Applicant's Name		Co-Applicant's Name <i>(if applicable)</i>	
Date of Birth		Date of Birth	
Cell Phone	Best Time to Reach	Cell Phone	Best Time to Reach
Home Phone	Best Time to Reach	Home Phone	Best Time to Reach
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> 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 co-applicant)	
Name	Age	Male/Female	Name
		<input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/>	
Property Address		Mailing Address (if different)	
# of Years in Home:	Own: <input type="checkbox"/> Rent: <input type="checkbox"/>	Homeowners/Rental Insurance Company:	
Do you own other land or property? No: <input type="checkbox"/> Yes (list address): <input type="checkbox"/> _____		Policy #: Expiration Date:	

2. REPAIRS TO PROPERTY	
<i>Please describe the requested repairs in the box below (continue on page 2, if needed):</i>	
Is the above-described damage covered by insurance? <input type="checkbox"/> Yes Amount Covered: _____ <input type="checkbox"/> No	Are you able to pay materials costs? <i>(note: labor is at no cost to recipients)</i> <input type="checkbox"/> Yes (in full) <input type="checkbox"/> Yes (in part) <input type="checkbox"/> No
I would like to make payment toward materials: <input type="checkbox"/> In a lump sum <input type="checkbox"/> In installments (\$_____/month) <input type="checkbox"/> N/A (answered no to the above)	

FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE

Date Application Received _____ Date of Home Visit for Assessment of Repairs _____	More Information Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Sent to Board _____ <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	Date Denial Letter Sent _____ Date Agreement and Release Waiver Signed _____
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