

Dear applicant for a Fuller Center “Greater Blessing” home repair,

Thank you for completing our application, which is attached. We will use it to evaluate your eligibility as quickly as possible. We know this application can look a bit intimidating, but the great news is that gathering all this information will ultimately be of real help to you personally in organizing your finances, building a workable budget, and gaining financial peace and confidence. It will be worth the effort!

You’ll no doubt be pulling together a lot of paperwork as you calculate your monthly income and expenses. **Be sure to keep all those records!**

As soon as you have completely filled out your Fuller application, please take send an electronic version of your completed application to [contact@fullercentersaltlake.org](mailto:contact@fullercentersaltlake.org). We will then set up an appointment with you to review your application and go over finances.

If you need help filling out your Fuller Greater Blessing application or simply have questions about it, please feel free to contact Tara at 801.231.9146.

Sincerely,

Fuller Center for Housing of Salt Lake



**Fuller Center for Housing of Salt Lake**

**1451 Uintah Circle**

**Salt Lake City, UT 84105**

**Greater Blessing Home Repair Application**

“It is more blessed to give than receive.” *—Jesus Christ*

Dear Applicant: We will use this completed application to determine your eligibility for a home repair known as a Fuller Greater Blessing project. If you are accepted, we at Fuller will do our very best to provide most if not all labor and services free of charge and to obtain the needed materials at the lowest prices possible. When your project is completed, you will have the **greater blessing** of giving back to another Salt Lake City homeowner in need by “paying forward” the actual expenses of your project in very small monthly amounts that you can afford until that total is “repaid.” All funds you pay forward will be used to repair a neighbor’s home, just as a previous family’s “payments” were used for your home’s repair—a great blessing for all involved. Please fill out the application completely (leave blank any sections that do not apply to you). Email a copy to [contact@fullercentersaltlake.org](mailto:contact@fullercentersaltlake.org) and complete the next steps outlined in the cover letter (page 1). All information you have provided will be kept strictly confidential.

1. APPLICANT INFORMATION

Do you own other land or property? ❒No ❒Yes If yes, please list address(es) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant's Name | | | Co-Applicant's Name (if applicable) | |
| Date of Birth | Current Age | | Date of Birth | Current Age |
| Home/Mobile Phone | Best Time to Reach | | Home/Mobile 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) | |
| Email: | | | Email: | |
| Dependents and others who live with you (not listed by co-applicant)  Name Age Male/Female  ❒ ❒ | | | Dependents and others who live with you (not listed by applicant)  Name Age Male/Female  ❒ ❒ | |
| ❒ ❒ | | | ❒ ❒ | |
| ❒ ❒ | | | ❒ ❒ | |
| ❒ ❒ | | | ❒ ❒ | |
| ❒ ❒ | | | ❒ ❒ | |
| Home Address (street, city, state, zip code) | | | Home Address (street, city, state, zip code) | |
| Number of Years Here: | | Are you the owner? | Number of Years Here: | Are you the owner? |
| Please describe the repairs requested (attach a separate page if more space is needed). | | | | |
|  | | | | |

Do you have homeowner’s insurance? Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

If yes, insurance company’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.. MONTHLY BUDGET (INCOME VS. EXPENSES)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SOURCES OF MONTHLY INCOME** | **$ AMOUNT PER MONTH** |  | **MONTHLY EXPENSES (give monthly average if not fixed)** | **$ AMOUNT PER MONTH** |
| Employment Income (total net take-home pay for all household members after taxes & other withholdings) | $ |  | Mortgage Payment | $ |
| AFDC/TANF | $ |  | 2nd Mortgage Payment, if applicable | $ |
| Child Support You Receive | $ |  | Gas Bill | $ |
| Alimony You Receive | $ |  | Electric Bill | $ |
| SSI | $ |  | Water, Sewer, Garbage Bill | $ |
| Social Security | $ |  | Groceries | $ |
| Unemployment Benefits | $ |  | Food Away from Home (eating out) | $ |
| Workman’s Comp | $ |  | School Lunches | $ |
| Food Stamps | $ |  | Gasoline for Car(s) | $ |
| WIC | $ |  | Car/Truck Payment(s) | $ |
| Rent Collected from Tenants | $ |  | Car/Truck Insurance | $ |
| General Assistance (disability payments, regular financial help you receive from family, etc.) | $ |  | Car/Truck Maintenance | $ |
| Other Income (specify) | $ |  | Public Transportation | $ |
| Other Income (specify) | $ |  | Phone Bill (land line and mobile) | $ |
| Other Income (specify) | $ |  | Internet Service/Cable/TV | $ |
| Other Income (specify) | $ |  | HOA Payment | $ |
|  |  |  | Laundry/Dry Cleaning | $ |
| **TOTAL MONTHLY INCOME (add all above amounts)** | **$** |  | Doctor(s)/Hospital (list only what you pay out of pocket, including copays & deductibles) | $ |
|  |  |  | Prescriptions/Supplements/Other Medications (list only what you pay out of pocket, including copays & deductibles) | $ |
|  |  |  | Dentist/Orthodontist (list only what you pay out of pocket, including copays & deductibles) | $ |
|  |  |  | Clothing/Gifts/Holiday Expenses | $ |
|  |  |  | Home/Yard Maintenance | $ |
|  |  |  | Hobbies/Pets/Habits/Recreation | $ |
|  |  |  | Tuition | $ |
|  |  |  | Health Insurance | $ |
|  |  |  | Life Insurance/Other Insurance | $ |
|  |  |  | Homeowners Insurance (if payment is NOT included in mortgage payment) | $ |
|  |  |  | Business Liability Insurance (if you conduct a business in your home, including renting to tenants) | $ |
|  |  |  | Charitable/Religious Donations | $ |
|  |  |  | Child Care | $ |
|  |  |  | Credit Card Payment | $ |
|  |  |  | IRS (tax payments) | $ |
|  |  |  | Child Support/Alimony You Pay | $ |
|  |  |  | Savings | $ |
|  |  |  | Student Loan Payment | $ |
|  |  |  | Personal Loan Payments (payday loan, personal bank loan, etc.) | $ |
|  |  |  | Other Expenses/Debts (specify) |  |
|  |  |  |  |  |
|  |  |  | **TOTAL MONTHLY EXPENSES (add all amounts above)** | **$** |

**3.** AUTHORIZATION, RELEASE, AND PRIVACY AGREEMENT

I understand that by filing this application, I am authorizing Fuller Center for Housing of Salt Lake 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 as evidence of 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, I further agree to allow Fuller Center for Housing of Salt Lake to use the fact that my home is being repaired to increase awareness of their mission; photographs, videos, and other media may be taken and used to promote Fuller Center’s mission. I have read this agreement and understand that my application and all additional required documentation will be securely maintained in the Fuller Center for Housing of Salt Lake files whether or not I am approved for a Greater Blessing project at this time. I understand that information contained in the application packet will be kept in utmost confidence and not shared with any other person or organization outside the Fuller Center for Housing of Salt Lake.

**I acknowledge that I have read and understand the details of the Authorization, Release, and the Privacy Agreement.**

**Applicant Signature Date Co-Applicant Signature Date**

**X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE | | |
| Date Application received \_\_\_\_\_\_\_\_\_\_  Date of Home Visit for assessment of  repairs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | More information requested: ❒Yes ❒No  Date sent to Board \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❒Accepted ❒Denied | Date Denial Letter sent \_\_\_\_\_\_\_\_\_\_\_\_\_  Date Greater Blessing Homeowner  Agreement and Release Waiver  signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |