

Client Release: I declare that, to the best of my knowledge, all information that I have made available and documented above is true and factual. Furthermore, I understand that this information will be scanned and shared with the Restoring Hope Board Members. If I am selected to be a finalist, I understand that I will be required to provide two (2) years of tax returns, criminal background checks, credit reports, and other pertinent documentation. Lastly, if chosen as the build recipient I agree to sign the covenant not to sue form.

Applicant Signature _____ Date: ____/____/____

Printed Name of Applicant _____

Applicant Signature _____ Date: ____/____/____

Printed Name of Applicant _____

**Applications must be *received* no later than
4:00 pm on Friday, February 16, 2018**

Late Applications will not be accepted under any circumstances.

Mail to: HBA Restoring Hope Foundation
c/o Home Builders Association of Berks County
25 Stevens Avenue
Building B, Suite 1
West Lawn, PA 19609-1425

Please use extra paper for longer answers, if necessary.



HBA Restoring Hope Foundation
2018 Application

Date: ____/____/____

Applicant Name _____

Social Security # _____ DOB _____

Please tell us who you are (complete only if you ARE NOT the applicant):

Nominating Name _____

Email Address _____ Phone (____) _____

All of the following information pertains to the **applicant's household only**:

Physical Address _____

Do You Own your Home (circle one)? yes no How long have you lived there? _____

County _____ Municipality _____

Marital Status (circle one): Married Divorced Separated Single Widowed

Home Phone (____) _____ Cell (Mobile) (____) _____

Secondary Contact Name _____

Email Address _____ Phone (____) _____

Are you a Veteran (circle one)? yes no
If "yes" are you on active Duty (circle one)? yes no
Were you honorably discharged (circle one)? yes no

Do you have any Disabilities (circle one)? yes no
If "yes", please explain (use additional sheet, if necessary).

Please list the names and ages of each member of your household, including children, and their incomes, if any. (Include all income sources. Gross Income is earnings before taxes and deductions.):

Name _____ Age _____ Gross Income \$ _____

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Name _____ Age _____ Gross Income \$ _____

If employed, tell us where (include all household members):

Name _____ Employer _____ How Long _____

Name _____ Employer _____ How Long _____

Name _____ Employer _____ How Long _____

Name _____ Employer _____ How Long _____

Name _____ Employer _____ How Long _____

What are the current balances in your Bank Accounts? Checking: \$ _____
Savings: \$ _____
Other: \$ _____

Bank & Address of 1st Mortgage _____

Are Payments Current (circle one)? yes no

Monthly Mortgage Payment \$ _____ Current Mortgage Balance \$ _____

Bank & Address of 2nd Mortgage _____

Are Payments Current (circle one)? yes no

Monthly Mortgage Payment \$ _____ Current Mortgage Balance \$ _____

Annual Property Taxes \$ _____ Annual Homeowners Insurance \$ _____

Home Value \$ _____

Do you have any other debts? Credit Card Total: \$ _____

Personal Loans Total: \$ _____

Auto Loans Total: \$ _____

Other Loans Total: \$ _____

Please describe Other Loans: _____

Have you ever declared bankruptcy (circle one)? yes no

Tell us what you would like done (add additional sheets, or write on back, if necessary):

Project Description (tell us what work needs to be done):

Why do you deserve the assistance of HBA Restoring Hope Foundation?

How are you involved in the Community (Please list the organizations you actively support)?

How did you hear about the HBA Restoring Hope Foundation? (Please be specific.)

If selected, are you or family members willing to help with the Project (move furniture, raise money, recruit/manage volunteers) for future recipients (circle one)?
yes no