

PAINT YOUR HEART OUT LAKELAND, INC.
HOMEOWNER APPLICATION FORM (2010)

Proof of home ownership (e.g. deed, tax assessment), household income and a photograph of the exterior of your home must be submitted with this Homeowner Application Form. Applications that do not have this information will be rejected.

Upon review of all applications the Board of Paint Your Heart Out Lakeland will make a subjective determination of homes to be painted in March, 2010, based upon homeowner qualifications, the resources available to Paint Your Heart Out Lakeland, Inc. and any other factors deemed significant by the Board.

(PLEASE PRINT)

Homeowner(s):

Name of Owner #1 _____ Age _____

Disability? Yes _____ No _____ Type _____

Home Address _____

Phone (H) _____ (W) _____

Name of Owner #2 _____ Age _____

Disability? Yes _____ No _____ Type _____

How did you learn about our organization? _____

PROOF OF OWNERSHIP:

Please attach to this Application Form, **proof of home ownership** and a **photograph** of the home to be painted. Proof may include but is not limited to copies of your deed, homestead application, current mortgage document or current tax assessment. **NO RENTAL HOMES WILL BE ACCEPTED!!**

Household Members Capable of Painting:

Please describe on the back of this page or on a separate attached page others who live in the home to be painted that are capable of painting. Include their name, age and relationship to you:

TOTAL HOUSEHOLD INCOME (YEARLY OR MONTHLY)

Please describe on the back of this page or on a separate attached page **ALL household annual or monthly income**. Household income includes, but is not limited to, wages, pension, retirement, social security, rental income, child support and alimony of all persons currently residing in the home and who will be residing in the home in March, 2010. Please enclose a copy of last year's income tax return(s) for income verification.

QUALIFICATIONS:

Please describe on the back of this page or on a separate attached page why you would be a good candidate to have your home painted by volunteers for Paint Your Heart Out Lakeland, Inc.

I/WE certify that I/we **own and live** in the home at the above address and that the information on this Application Form is true and correct to the best of my/our knowledge.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, _____, by

Signature of Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____