



APPLICATION FOR SERVICES

PO Box 1901 | Beaufort SC 29901 | 843-781-6770 | underoneroofsc@gmail.com | underoneroofsc.org

Applicant Contact Information

Date of Application: _____

Applicant's First Name: _____

Applicant's Last Name: _____

Applicant's Date of Birth: *(month/day/year)* _____

Home Phone Number: _____

Property Street Address 1: _____

Mobile Phone Number: _____

Property Street Address 2: _____

Email Address: _____

City: _____ State: _____ Zip | Postal Code: _____ County: _____

Let's Learn More About You

Military: Yes No If Yes, What Branch? _____ Gender: Male Female

Race/Ethnicity: *(Please check one of the descriptions below corresponding to the ethnic group with which you identify)*

- Hispanic/Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin regardless of race.
- White *(Not Hispanic/Latino)*: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American *(Not Hispanic/Latino)*: A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Pacific Islander *(Not Hispanic/Latino)*: A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian *(Not Hispanic/Latino)*: A person having origins in any of the original peoples of the Far East, SE Asia, Indian SubContinent, Cambodia, India, Japan, Korea, Pakistan, Philippine Islands, Thailand, Vietnam.
- Native American or Alaska Native *(Not Hispanic/Latino)*: A person having origins in any of the original peoples of North & South America, Central America & who maintains tribal affiliation or community attachment.
- Two or more races *(Not Hispanic/Latino)*: All persons who identify with more than one of the above five races.
- I do not wish to disclose

Your Current Situation

Occupants of home *(other than applicant)*:

NAME	DATE of BIRTH	INCOME



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Your Current Situation *(cont.)*

The following information must be provided for **All Occupants** in the home. Can you please provide copies of the following for all members of the household. Please check off all documents you will be enclosing with the Application Packet.

- Driver's License/Other ID
- Most Recent Social Security Statement *(if applicable)*
- Most Recent Pay Stub *(if applicable)*
- Latest Federal and State Tax Returns

Tell Us About Your Situation

What improvements or modifications to your home are needed?

Have you or are you receiving assistance from other agencies? If yes, please list below:

Are there any decision makers who need to be present during the site visit? Please list with contact number:

How did you hear about Under One Roof?: _____

INTERNAL USE ONLY

Application Received? Yes No Date Received: _____ Documents Enclosed? Yes No

Comments:

Site Visit Completed By: _____ Date: _____