

**Golden Triangle Baptist Association
WORLD CHANGERS PROJECT APPLICATION
2014**

APPLICANT INFORMATION

Name _____ Mr. ____ Ms. ____

Home Address _____ City _____ Zip Code _____

Phone: Day _____ Evening _____

Is this home inside the city limits of your stated address? YES ____ NO ____

Is this home used as your primary residence? YES ____ NO ____

Number of individuals living in home. _____ Age of resident(s). _____

Do you own your home? YES ____ NO ____

Is your home financed with a Bank, Mortgage Company or Realtor? YES ____ NO ____

Home Finance Agency _____ Phone Number _____

Are there multiple owners? YES ____ NO ____ Please List _____

Is your home considered a mobile home or trailer? YES ____ NO ____

Are all utilities turned on and utility bills paid up to date? YES ____ NO ____

TYPE OF WORK

I. Exterior Work

- Painting
- Siding
- Windows
- Shutters
- Doors
- Porch/Balcony
- Wheelchair ramp
- Steps
- Other _____

II. Interior Work

- Painting
- Walls/Ceilings
- Floors
- Plumbing
- Other _____

HOUSEHOLD INCOME

Total Household Income per year? \$ _____

Include Social Security, Welfare, Retirement, Work and other income of all residents.

Are you currently employed? YES ____ NO ____

