## Golden Triangle Baptist Association WORLD CHANGERS APPLICATION 2019

APPLICANT INFORMATION		
Name	Mr	Ms
Home Address	City	Zip Code
Phone: Day	•	•
Is this home inside the city limits of your Is this home used as your primary resider Number of individuals living in home NO you own your home? YES NO Is your home financed with a Bank, Mor	ace? YESNO Age of reside	ent(s).
Home Finance Agency	Phor	ne Number
Are there multiple owners? YES ? Is your home considered a mobile home. Are all utilities turned on and utility bills  TYPE OF WORK	paid up to date? YES	SNO
I. Exterior Work  [ ] Painting	II	. Interior Work
[ ] Siding		[ ] Walls/Ceilings
[ ] Windows		[ ] Floors
[ ] Shutters		
[ ] Doors		[ ] Plumbing
<ul><li>[ ] Porch/Balcony</li><li>[ ] Wheelchair ramp</li><li>[ ] Steps</li><li>[ ] Other</li></ul>	_	[ ] Other
HOUSEHOLD INCOME		
Total Household Income per year? \$ Include Social Security, Welfare,	Retirement, Work as	nd other income of all residents.
Are you currently employed? YES	_NO	

## **MISCELLANEOUS**

Please list any special medical or handicap conditions of residents.		
Have you in the past, or are you now, participating in any other housi	ng renovation program?	
YESNO If yes, which program?	Date	
Will a Restroom be available at your home for the volunteers to use?	YES NO	
I understand that all of the information on this form is true and correct knowledge. If my home is approved as a World Changers project, I we the work is being conducted, and allow a team of high school students work on my home from June 10-15, 2019.	ill agree to be present while	
Sign Here	Date	
Church or Organization Sponsor (If Sponsored)		
Church or Organization SignaturePos	ition	
Please return this application to: Golden Triangle Baptist Association Columbus, MS 39705 662.328.6802 PLEASE RETURN THIS APPLICATION BEFORE	•	
THIS SECTION FOR OFFICE USE ON	LY	
Application Number Date Application received		
Site visit Date Site visit representative		
Project approved for World Changers 2015? YES NO		
If not approved, list reason/s	A A OF	
If approved, indicate project number		
Notified by Letter, Phone, or Home Visit L	etter Date	
Individual receiving notification.		