



People Helping People of Pinellas Park
P.O. Box 473
Pinellas Park, FL 33780
Ph: 727-276-8204
Email: php.ppark@gmail.com

People Helping People of Pinellas Park Homeowner Application

All personal information is required and CONFIDENTIAL.
All qualifying applicants MUST meet eligibility requirements.

Name of Homeowner(s): _____ Age(s): _____
Address: _____
Phone: _____ May we text you at this number? Yes No
Email: _____
What type of Repair/Service(s) _____

Do You own your home Yes No Is this property insured Yes No
Is this property in foreclosure? Yes No Do you own any other properties? Yes No

Are there any members of the household, physically able to help with the project?: Yes No

Please list the names and phone numbers of relatives or friends who will help:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Monthly Household Income:

Employment Income \$ _____	Retirement/Annuity \$ _____
Rental Income \$ _____	Disability \$ _____
Social Security \$ _____	Supplemental SS \$ _____
Unemployment \$ _____	Child Support \$ _____
Total of Above Monthly Income: \$ _____	

If selected, are you willing and able to contribute ANY monies or materials to assist with the project?

- | | |
|---|---|
| <input type="checkbox"/> Yes – Money, amount \$ _____ | <input type="checkbox"/> No – Money |
| <input type="checkbox"/> Yes – Materials | <input type="checkbox"/> No – Materials |

If so, what will be supplied: _____

Name of person completing the application: _____

Date: _____

To the best of my knowledge, the above information is correct.

For OFFICE USE ONLY - NOTES: