



Greater Blessing Program Application only—do not use to apply for new housing

We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, marital status, or national origin.

Return completed application and all requested documents to:

**Silver Valley Fuller Center for Housing, Inc.
PO Box 338
Smeltonville, ID 83868**

Dear Applicant: We need you to complete this application to determine need for your repair project. Please fill out the application as completely as possible and attach any documents that are requested. Incomplete applications will not be considered until all requested documentation has been submitted to the Fuller Center. All information on this application will be kept strictly confidential.

I. APPLICANT/CO-APPLICANT INFORMATION

Applicant's Name			Co-Applicant's Name		
Date of Birth	Age		Date of Birth	Age	
Home Phone	Best Time To Reach		Home Phone	Best Time To Reach	
Work Phone	Best Time To Reach		Work Phone	Best Time To Reach	
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)			<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)		
Dependents and Others that live with you (not listed by co-applicant)			Dependents and Others that live with you (not listed by applicant)		
Name	Age	Male/Female	Name	Age	Male/Female
		<input type="checkbox"/> _ <input type="checkbox"/> _			<input type="checkbox"/> _ <input type="checkbox"/> _
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Home Address (street, city, state, zip code)			Home Address (street, city, state, zip code)		
Number of Years:	<input type="checkbox"/> Own		Number of Years:	<input type="checkbox"/> Own	
Please describe the repairs requested in the box below					
FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE					

Date Application Received _____ Date Application Completed _____ Date of Home Visit for Assessment of Repairs _____	More Information Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Denial Letter Sent _____
	Date Sent to Board _____	Date Greater Blessing Box Homeowner Agreement and Release Waiver
	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied	Signed _____