



CARE DAY APPLICANT INFORMATION

Date of Application: _____

Address: _____

City: _____ State: _____ Zip: _____ (Brown County Only)

Home: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Are you nominating your family? Yes No

Are you nominating a friend ? Yes No

If so I have spoken with _____ and they are interested in being nominated.

Your (Nominees) Name: _____

Employment Status (circle one): (Full Time) (Part Time) (Unemployed) (Student)

Current Job/Occupation: _____

Combined Gross Household Income:

List all members of the household: (use the back side if you need more space).

Information about your home:

What area of your home are you requesting to be repaired? _____

Type of house: _____

Number of levels: _____

Total number of rooms: _____

Total number of bathrooms: _____

Total number of bedrooms: _____

Square footage of house: _____

Lot Size: _____

How old is your house: _____ years.

Describe the problem you have with your house, feel free to use pictures and the back side of this page if necessary.

What is your family story? What makes you deserving of a Care Day Project? (use the back side if you need more space.)

ELIGIBILITY REQUIREMENTS

- Your project must be in Brown County.
- You must own and occupy the project.
- If your project needs major repairs or is not structurally sound, we will refer you to another appropriate agency.
- Improvements will not be done on mobile homes.
- AHBA will chair and control the project and all expenditures related.

**This information becomes the confidential property of AHBA. It is provided for the express purpose of the Care Day application and will not be used for any other purpose or shared beyond the needs of AHBA for the project.

SIGNATURE

Submitted by: _____ Date: _____

Print name: _____ Phone #: _____

Home address: _____

City: _____ State: _____ Zip: _____

Return Completed Application to:

Aberdeen Home Builders Association

P.O. Box 201

Aberdeen, SD 57402-0201

Phone: 605-225-2055

Fax: 605-225-2365