

Roofs from the Heart Nomination

Energize Delaware

Nomination Information

Organization Name*

Character Limit: 100

First Name*

Character Limit: 20

Last Name*

Character Limit: 20

Preferred Name (if different than above)

Character Limit: 20

Date of Birth*

Character Limit: 10

Phone Number*

Character Limit: 15

Email*

Character Limit: 254

Address*

Please include street, city, state, and zip code.

Character Limit: 250

Relationship to Applicant*

Character Limit: 200

Applicant Information

First Name*

Character Limit: 20

Last Name*

Character Limit: 20

Preferred Name (if different than above)*Character Limit: 20***Phone Number****Character Limit: 15***Email****Character Limit: 254***Address****Please include street, city, state, and zip code.**Character Limit: 250*

Household Information

Number of Residents*

How many individuals reside in your house including the applicant and what is the relationship of any other residents to the applicant?

*Character Limit: 1000***Combined Annual Income***

What is the household's combined annual income (nearest thousand from direct benefits, employment, assistance or ongoing estate inheritance)? You do not need to include one-time gifts rendered.

*Character Limit: 1000***The applicant is:*****Choices**

Employed

Under-Employed

Unemployed

Armed Services, Police Force, First Responder, or Medical Professional*

Is any member of the household currently or previously a member of the United States Armed Services, a police force, a first responder unit, or a medical professional? If so, please describe.

*Character Limit: 1000***Eldery, Infirmed, or Disabled***

Is any member of the household eldery, infirmed, or otherwise disabled? If so, please describe.

Character Limit: 1000

Survivor of Tragedy*

Is any member of the household a survivor of abuse, domestic violence, unexpected tragedy, or displaced victim of a natural disaster, catastrophic event, or act of terrorism? If so, please describe.

Character Limit: 1000

Candidacy Consideration

Candidacy Consideration*

Please tell us about the household and your situation. Why do you need a new roof? Why are you unable to purchase it? Why should our donors provide your new roof and what benefits do you believe will result?

Character Limit: 5000

Attestation of Applicancy

Attestation of Applicancy*

I, _____, hereby certify that the above information is true and correct to the best of my knowledge as of the date below listed and accompanied by my signature.

Further, I attest that I have been in this residence for at least two years prior to the below date, and I intend to remain in the home for a minimum of five years from the below date.

I recognize that if any above disclosure is proven false or incorrect, either intentionally or unintentionally, that I may be removed from consideration from both the present and future opportunities presented by Roofs from the Heart, Inc.

Character Limit: 50

Signature*

Character Limit: 50

Current Date*

Character Limit: 10