PAWTUCKET REDEVELOPMENT AGENCY TECHNICAL HOUSING ASSISTANCE PROJECT PAINTING PROGRAM APPLICATION FORM

			Social Security NumberPhone Number		
Address		Pnone	e Number		
Check One:	heck One: White Span American Indian		Other cuguese	Black	
How did you l	near about this pro	ogram?			
List members	of the family livin	g at the above a	ddress:		
Name		<u>Age</u>	Occupation	<u>Income</u> *	
Spouse:					
	*Income fr	om all sources in	ncluding SSI an	d Pensions	
	ure: Single/Fa	mily			
Type of exteri	or finish: Wood fi Asbesto	rame os shingle			
What do you	want painted: Hou	ise Tr	im Ga	rage	
READ THE FO that the inform making false of circumstances in	OLLOWING STAT nation on this form or misleading state s cause for rejection	TEMENT CARES is true to the be ments about my 1.	FULLY AND SIG est of my knowled income, resource	GN BELOW: I certify dge. I understand that ces, or other personal charged a fee which is	
based on my a		e. I understand tl		right to withdraw my	
		OFFICE USI			
Eligible	nt Appl Not Eligib Mail t	le			