



**Application for Services**

PO Box 1901  
Beaufort SC 29901  
843-781-6770

underoneroofsc@gmail.com

Date:

Applicants Name:

Date of Birth:

Physical Address:

Home Phone:

Cell Phone:

E-Mail Address:

**Occupants of home:**

Name:	Date of Birth:	Occupation:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Can you provide copies of:**

Proof of ownership ( Deed,Mortgage)

Most recent pay stub (if applicable)

Drivers license or other ID

Most recent social security statement  
(if applicable)

Latest Federal & State tax return

**Do you meet these qualifications? :**

Yes  No You must own or be buying your home.

Yes  No You must actually live (full time) in your home.

Yes  No Income of all occupants must meet the guidelines.

Yes  No Is the home located in Beaufort South Carolina.

**Briefly describe your needs:**

**Have you or are you receiving assistance from other agencies? If yes, please list below.**

**Are there any decision makers that need to be present during the site visit? Please list with contact number.**

**Health Care Provider Contact Information (If applicable):**

**How did you hear about Under One Roof?**

**OFFICE USE:**

Application Received:	
Are documents attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Visit:	Day / Date: <input type="text"/> Time: <input type="text"/>
Type of visit:	<input type="checkbox"/> Home Assessment <input type="checkbox"/> Home Repairs/Modifications
Comments:	
Site Visit Done By:	<input type="text"/>