

Application for the Senior House Painting Program

App # _____

This program is for painting only the OUTSIDE of your home.

Name _____

Address _____

Phone _____

Age _____



Own your home? Yes No Explain

Number of years in this home? _____

Disability: Yes No Explain

Times to contact _____

Additional information

Signature of Applicant _____ Date _____

----- Do Not Write Below This Line -----

Council Member D. Walczyk

Council Member M. Martin

Notes:

