



### Application for Assistance with Bed Bugs

Date: \_\_\_\_\_

Owner occupied \_\_\_\_\_ Single Family \_\_\_ Two Family \_\_\_ Social Security number (last 4 digits) \_\_\_\_\_

Landlord's name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Applicant's name: \_\_\_\_\_ Applicant's Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (home or mobile): \_\_\_\_\_ Number of Persons in household: \_\_\_\_\_

Marital status:  Married  Single  Divorced  Widowed  Separated

Check all appropriate boxes:  Asian  Black  White  Native American  Other \_\_\_\_\_

Are you Hispanic?  Yes  No

Do you own other property?  Yes  No Do you have any foreclosure/judgments pending?  Yes  No

**If approved for services through the Division of Senior and Adult Services Bed Bug Assistance Program, you must prepare the home for extermination services.**

**Monthly income of primary applicant**

**Secondary applicant**

(spouse or other person residing in the home)

Employment: \_\_\_\_\_ Name: \_\_\_\_\_

Social Security: \_\_\_\_\_ Relationship to owner: \_\_\_\_\_

SSI: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Pension: \_\_\_\_\_ Source of income: \_\_\_\_\_

VA benefit: \_\_\_\_\_ Monthly amount: \_\_\_\_\_

Additional Applicants (Household Members)  Yes  No If yes, list below

Name: \_\_\_\_\_ Source of Income: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Name: \_\_\_\_\_ Source of Income: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Describe bed bug problem: \_\_\_\_\_

I have answered all questions honestly and to the best of my knowledge. I hereby authorize the Division of Senior and Adult Services to obtain verification of necessary financial information and employment as identified on this form.

Applicant's signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Co-Applicant's signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_