

Valley Associates for Independent Living, Inc.
Bath County Home Modifications Fund Application

Applicant: _____

Phone: _____

Address: _____

Email: _____

- I am over age 60
- I have a disability

What aspects of daily life are currently limited for the applicant (check all that apply)?

- | | |
|---|---|
| <input type="checkbox"/> Participation in home / family | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Participation in community | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Education | <input type="checkbox"/> Self Care |
| <input type="checkbox"/> Other _____ | |

What services and / or goods are being requested? Include approximate costs if known.

How will the planned services / goods assist the applicant in achieving greater independence?

Total Project Estimate = \$ _____

Total Other Funds = \$ _____

Amount Requested = \$ _____

Consumer Financial Statement:

Salary / Wages	\$ _____	
SSI / SSDI	\$ _____	
Retirement	\$ _____	
Other	\$ _____	Type: _____
Other	\$ _____	Type: _____
Other	\$ _____	Type: _____

Statement of Applicant: I certify that, to the best of my knowledge, the information provided above and in connection with this application is true and correct. I understand that providing false information may result in disqualification from funding and other legal action. I grant permission for the information provided by me to be provided to other agencies/ organizations participating in the project. I understand that all work will be organized by VAIL; that the materials used are either donated or paid for with donations or grant funds obtained by VAIL; that I will not be charged for the work or materials; that the goal of this project is to improve my quality of life, and not necessarily to increase the value of my property; and that VAIL will make every effort to complete the work as soon as possible.

Applicant Signature

Date

Review & Determination

Eligible: Yes No

Amount Awarded: \$ _____

Comments:

Approval Signature

Date