



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: _____