

# PROJECT COOL BREEZE 2021

## APPLICATION FOR A FAN OR AIR CONDITIONER

Date: \_\_\_\_\_ Please check one: Fan \_\_\_\_\_ Air Conditioner \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Referred by: \_\_\_\_\_

Number in household: \_\_\_\_\_

Please check one or more of the following criteria:

\_\_\_\_\_ Medical condition requires fan

\_\_\_\_\_ Home has no air conditioner

\_\_\_\_\_ Unable to purchase fan or air conditioner

\_\_\_\_\_ Currently eligible to receive food stamps

\_\_\_\_\_ Have not received a donated fan or air conditioner (within three years)

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### Please fill out the following information if you apply for an air conditioner:

1. Has a doctor recommended an air conditioner? \_\_\_\_\_
  2. Are you financially prepared to have your electric bill double or triple if an air conditioner is installed in your home? \_\_\_\_\_
  3. What financial assistance will you depend on to meet these bills? \_\_\_\_\_
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#### INCOME:

Monthly Salary \$ \_\_\_\_\_

AFDC \$ \_\_\_\_\_

Food stamps \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

SSI \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

#### EXPENSES:

Rent/Mortgage \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Medicine \$ \_\_\_\_\_

Auto Payment \$ \_\_\_\_\_

Cable \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

I verify that all information provided is true: \_\_\_\_\_

Signature

Date

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#### OFFICIAL USE ONLY:

Form of identification provided: \_\_\_\_\_ Date received: \_\_\_\_\_

Date mailed: \_\_\_\_\_ Application 2020 # \_\_\_\_\_

MAIL TO: PROJECT COOL BREEZE P.O. BOX 30576 CHARLESTON SC 29417