

PROJECT COOL BREEZE

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)

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

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