



Coach Eby Home Store

~Your Home Improvement Thrift Store ~
Community "Acts of Kindness" Application

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

DOB _____ Have you applied for this program before? ___Y ___N

Is anyone in your home disabled? Name of that person _____

Total household income (Include all persons) \$ _____

List the names and ages of all persons who live in your home:

List requested repairs: _____

Have you received a city citation? ___Y ___N If Yes, Due Date _____

Signature _____ Date _____

I certify that the information on this application is accurate and that I own the listed property.



"Coach Eby Home Store" is a Ministry of Coach Eby Youth
and Family Center