

FREE PAINT PROGRAM APPLICATION

PLEASE TYPE OR PRINT CLEARLY THE REQUESTED INFORMATION

Applicant _____

Address _____

Home Telephone Work Telephone _____

Number of Persons Residing in Home _____

EMPLOYMENT

Employer (Company) Name _____

Employer Address _____

Employer Telephone _____

Length of Employment _____

Gross Monthly Wages _____

Spouse's Employer _____

Employer Address _____

Employer Telephone _____

Length of Employment _____

Gross Monthly Wages _____

OTHER MONTHLY INCOME (i.e. SOCIAL SECURITY, RETIREMENT, DISABILITY, MILITARY RESERVE, etc.) LIST FOR EACH PERSON IN HOUSEHOLD.

Person Receiving Income	Source	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach all income documentation.