



"Rebuilding Hope, Hearts, and Homes"

PO Box 306, Panama City, FL 32402 • (850) 215-8702 • rebuildbaycounty.org

Keeping it Cool Assistance Application

Applicant Information:

Applicant Name _____

Birthdate _____ Race _____ Ethnicity _____

Address: _____

Street _____ City _____

Zip Code _____ Email Address _____

Cell Phone _____ Work Phone _____

Household Composition:

Total in household _____ Adults _____ Adults 65+ _____ Children (under 18) _____

Applicant's Current Employment Status:

Employed Unemployed

Current/Past Employer and Address _____

Total Monthly Expenses:

Monthly Rent/Mortgage Payment \$ _____ Electric \$ _____ Gas \$ _____ Water \$ _____ Cable \$ _____

Medical \$ _____ Telephone \$ _____ Childcare \$ _____ Child Support \$ _____ Alimony \$ _____

Loans \$ _____ Credit Cards \$ _____ Car Payment \$ _____ Car Insurance \$ _____

Rental/Home Insurance \$ _____ Food \$ _____ Other \$ _____ Specify Other _____

Total Monthly Income for Household: _____

____ I consent that the disclosure of the information I am providing may be required for purposes of income and other fact verification related to my application for financial assistance. I understand that (i) any willful misstatement of material fact will be grounds for disqualification of my application; (ii) the information I am providing is needed to determine my assistance eligibility and its submission in no way assures qualification for assistance; and (iii) all documentation I submit is subject to Federal and other Governmental audits.

____ I confirm the information provided in my submission is true, correct, and complete to the best of my knowledge and belief.

Client Signature _____ Date _____

For RBCI Personnel Only: Client Identifier _____

09/23



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ASSISTANCE REQUESTED:

Air conditioning unit(s) [window units only]

Installation

Explanation of hardship: _____

Number of units required: _____

Window Measurements:

Location: _____ Measurements: _____

Location: _____ Measurements: _____

Client Certification

I hereby certify that all the information given verbally and in writing during the intake and case management process is true and correct. I understand that misrepresentation or giving false information is illegal and that violation will result in me being terminated from participation in any programs operated by Rebuild Bay County, Inc. Because all participants must meet program guidelines, I also am aware that I need to report **all** increases or decreases in my household income and household size immediately while participating in case management.

In addition, by signing this form, I give authorization to Rebuild Bay County, Inc. to enter all client data into HMIS or any applicable client management system. Rebuild Bay is committed to respecting the privacy of all clients and uses your information solely for the purpose of coordinating and providing services designated under our grants. As a client, your personal information is confidential, and Rebuild Bay will not release any information to a third party without your consent.

I have read the above statement, and I agree to adhere to the guidelines. I also understand that, if I am a tenant, the landlord form must be completed prior to approval for assistance.

Signature: _____ Date: _____

Witness Signature/Title: _____ Date: _____

For RBCI Personnel Only: Client Identifier _____