

*Valley Associates for Independent Living, Inc.*  
Bath County Home Modifications Fund Application

Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

I am over age 60

I have a disability

What aspects of daily life are currently limited for the applicant (check all that apply)?

<input type="checkbox"/>	Participation in home / family	<input type="checkbox"/>	Communication
<input type="checkbox"/>	Participation in community	<input type="checkbox"/>	Mobility
<input type="checkbox"/>	Employment	<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Education	<input type="checkbox"/>	Self Care
<input type="checkbox"/>	Other _____		

What services and / or goods are being requested? Include approximate costs if known.

How will the planned services / goods assist the applicant in achieving greater independence?

Total Project Estimate = \$\_\_\_\_\_

Total Other Funds = \$\_\_\_\_\_

Amount Requested = \$\_\_\_\_\_

Consumer Financial Statement:

Salary / Wages	\$ _____
SSI / SSDI	\$ _____
Retirement	\$ _____
Other	\$ _____
Other	\$ _____
Other	\$ _____

Type: \_\_\_\_\_

Type: \_\_\_\_\_

Type: \_\_\_\_\_

*Statement of Applicant: I certify that, to the best of my knowledge, the information provided above and in connection with this application is true and correct. I understand that providing false information may result in disqualification from funding and other legal action. I grant permission for the information provided by me to be provided to other agencies/ organizations participating in the project. I understand that all work will be organized by VAIL; that the materials used are either donated or paid for with donations or grant funds obtained by VAIL; that I will not be charged for the work or materials; that the goal of this project is to improve my quality of life, and not necessarily to increase the value of my property; and that VAIL will make every effort to complete the work as soon as possible.*

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Applicant Signature

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Date

Review & Determination

Eligible:  Yes  No

Amount Awarded: \$ \_\_\_\_\_

Comments:

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Approval Signature

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Date