

**Applicant Information (Please Print):**

Name \_\_\_\_\_ **Driver's License #** \_\_\_\_\_  
 Street Address \_\_\_\_\_ **State/Federal Issued ID #** \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_ Home Phone # \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_  
 Email Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Please check (√) one**  Homeowner  Renter (Owners permission is needed please complete section below)  Landlord (Please list properties where tools will be used on separate sheet)

**The following information is for internal use only and in no way restricts participation in this program.**

**Please check (√) all that apply regarding the applicant:**

- White  Black/African American  Black/African American & White  Asian  Asian/White
- Asian/Pacific Islander  Hispanic/Latino  Non Hispanic/Latino  Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native  American Indian/Alaskan Native & White
- American Indian/Alaskan Native & Black/African American  Other Multi – Racial

**How many individuals live in the house?** \_\_\_\_\_

**Annual combined income of all residents?** Per Week \_\_\_\_\_ or Bi – Weekly \_\_\_\_\_ or Monthly \_\_\_\_\_

**If the applicant is female head of household please check (√) this box:**  Female Head of Household

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Note: If you rent your residence, the property owner must complete and sign the following agreement:**

I, \_\_\_\_\_, being the property owner at \_\_\_\_\_,  
 agree that, \_\_\_\_\_ may use tools borrowed from the Tool Library Program. I  
 understand that the Rebuilding Together Central Ohio is not responsible for any damage caused through the use of these tools.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_

**For Office Use Only**

Identification Number \_\_\_\_\_ Parcel Number \_\_\_\_\_