

Only COMPLETE applications will be processed.

Applicant Information (Please Print):

Name _____ Driver's License or State Issued ID # _____

Street Address _____ Do you prefer contact by Phone or Email?

City, State, Zip Code _____ Primary Phone # _____

Email Address _____ Secondary 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 boxes that apply regarding the applicant:

- White/Caucasian Black/African American Asian Native Hawaiian/Other Pacific Islander
- American Indian/Alaskan Native Hispanic/Latino Other _____
- Female Head of Household

How many individuals live in your entire household? _____

What is the yearly combined income of everyone in your household? (You can estimate) _____

Applicant's Signature _____ Date _____

If you are not the property owner of record for 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 Rebuilding Together Central Ohio is not responsible for any damage caused to my property through the use of these tools.

Signature of Owner _____ Date _____

Address _____ Phone # _____

For Office Use Only

Identification Number _____ Parcel Number _____