

## Children's Bed Application

Date of Application:			
(Please PRINT Clearly)			
Name:			
Street Address:		Apt #	<b>#</b> :
City:	State:	Zip:	
E-Mail Address:			
Home Phone:			
Cell Phone:			
Marital Status: Married 🗆 Si	ngle Parent 🗌 🛛 Divorced 🗆	Separated $\Box$	Living Together $\Box$
Monthly household income,	including any government	t assistance: \$_	
Rent/Mortgage Amount: \$_			
Landlord Contact Informatio	n:		
How many beds are you requ	uesting?		

(To receive a bed for your child, the child must be under 18 years of age. Maximum of 4 beds per family.)

Please list information for each child needing a bed below:

Name	Girl/Boy	Age	Birth Date		
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ARE ALL OF THE CHILDREN LISTED ABOVE IN YOUR CUSTODY?  VES ON					
If "NO" please explain your relationship to child					

Please also provide the following information and then check off that you have attached each item:

□ A hand written letter stating why you need beds

 $\square$  A copy of your valid photo ID

□ Proof of any form of government assistance

<u>Note:</u> Participation in this program is limited and will be filled on a first come, first serve basis. The program gives a maximum of 4 beds to any one family on a one time basis. Upon receipt of COMPLETE application and documentation, you will be contacted by a representative of RBFCP. A home visit may be required as part of the approval process. If your contact information changes (phone number or address), please call our office to update your information.

Please mail this completed form along with copies of the required documents listed above to the following address: **Rotary Beds for Children PO Box 654 Mooresville, NC 28115** 

(Incomplete requests cannot be considered until all requested documentation has been submitted to RBFCP.) All information on this application will be kept strictly confidential.

## The Rotary Beds for Children Project • PO Box 654 • Mooresville, NC 28115

Phone: 704-765-8659 • <u>sandy@bedsforchildrenmooresville.com</u>