



A Ministry of Design for Widows and Orphans
9648 Snowberry Circle
Colorado Springs, CO 80920
www.remnantrestoration.org
(719) 282-9388

Application for Project: Widow

Please complete the following information about yourself:

Name _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____

Cell Phone _____ Email _____

List all members currently living in your household including yourself:

Name	DOB	Relationship to you
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

6. _____

7. _____

8. _____

Household income

_____ Under 15,000

_____ 15,000 - 50,000

_____ 50,000 - 75,000

_____ 75,000 - 100,000

_____ 100,000 or over

Occupation _____

Place of employment _____

Employer's name and phone number _____

Do you receive state aid for disability or any other benefits of this kind? Y/N

Do you have any debt other than your home mortgage? Y/N

Please describe any kind of volunteer work or community service with which you and your family have been involved:

If you could, how would you like to give back to the community?

Part 2

What type of project are you requesting?

_____ bedroom _____ landscaping _____ organization

What level of project are you requesting? (please see website for project descriptions)

_____ Bedroom Makeover Package : design service, furniture, and décor

_____ Bedroom Mini-Package: design service and décor

_____ Bedroom Design or Re-Design only

_____ Garage Makeover Package

_____ Garage organization only

_____ Home organization

_____ Yard Makeover

_____ I don't know. Please help me decide.

Please complete the following information about your house:

Square footage: _____ Yard Size _____

Number of bedrooms _____ Number of floors _____

Do you own your home? _____

If not, will your landlord consent to the project? _____

Does your neighborhood have HOA regulations for use of your yard? _____

Please describe your family's story. Be sure to summarize your family's current situation and how it affects you and your home. Tell us why you need us and how we can make a difference in your lives. Are you applying based on financial, physical, or emotional need? (You may attach another page, if desired.)

Eligibility Requirement, Consents and Releases:

If you are selected, Remnant Restoration requires the following:

1. Proof of ownership of your home or signed consent of your landlord for the project
2. Proof of income (if selected based on financial need)
3. Death certificate of spouse
4. Publicity release signed by you and your family

By signing below, you agree to provide the required documents listed above if selected for a project. You also attest that the information you provided on the application are true.

Signature of applicant _____

Printed name of applicant _____

Date _____