

Date:

Adopt-a-Pool-Fence Program Application

Name	First: _____ Last: _____ Are you the owner of the house where the fence is needed? (Y/N) ____ If yes, do you live in the house where the fence is needed full-time? (Y/N) ____ If no, what is your relationship to the homeowner? _____	
Phone	Main: _____ Other: _____	
Email	_____	
Address of where fence is needed	Street Number: _____ City: _____ Zip Code: _____ Is there any type of fencing or barrier currently in place that may need professional removal? (Y/N) ____ Please explain: _____	
How many people live in this home? _____	How many children 6 or younger live in this home? _____	Specific ages (children): _____
One of the conditions for the Adopt-a-Pool-Fence Program is that applicants must show financial need. Do you feel that you meet this condition, and if yes, why?	_____	
Please explain any other special situations that you feel qualify you to receive a pool fence.	_____	
How did you hear about the program?	_____	
PLEASE NOTE: This pool fence donation offer is for a fence with the shortest possible length that will ensure safety. Visual appeal will not be considered. Please estimate the length of the shortest possible fence needed: _____ feet		

I hereby certify that the above information is accurate.*

Signed

Date

*If you are completing this application electronically, please type your full name in the signature line as indication of your agreement with this statement.

Please contact Program Coordinator at (602) 631-4843 with any questions. Completed applications can be emailed to information@saverkids.org, faxed to (602) 776-3343, or mailed to:

Adopt-a-Pool-Fence Program
61 E. Columbus
Phoenix, Arizona 85012

Household Income – include income from all family members

GROSS Household Income (Monthly)	\$	TAKE-HOME Household Income (Monthly)	\$
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*****Please submit the two most recent pay stubs for all employed family members.**

This is a *required* part of the application, barring any special circumstances.

Other Income i.e., alimony, Social Security, rent, child support, food stamps, etc.

Amount	Source
\$	

Household Living Expenses – please estimate

Item	Amount	# of Months overdue
Mortgage (1)		
Mortgage (2)		
Rent		
Car		
Electric		
Natural Gas		
Water		
Telephone (Cell, Pager, Home)		
Cable		
Food		
Clothing		
School / Education Expenses		
Homeowner's Association Dues		
Car Insurance		
Life Insurance		
Child Care		
Medical Prescriptions		
Other Expenses (please list)		
Total Monthly Expenses		

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Signed

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