

HEALTHY HOME PRODUCTS ASSISTANCE APPLICATION

Everyone Deserves a Safe, Healthy Home

Our program helps qualifying households obtain products for cleaner air, safer water, safer cooking, and basic home health and safety. Please help us understand your needs.

1. APPLICANT INFORMATION

Full name

Street address

City

State

ZIP

Phone

Email

How long at current address?

Housing situation:

☐ Own ☐ Rent ☐ Live with family/others ☐ Other

2. TELL US ABOUT YOUR HOUSEHOLD

Number of adults

Number of children

Total

Ages of children

Please briefly describe any household circumstances you would like us to understand:

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3. EMPLOYMENT & FINANCIAL INFORMATION

Employment status:

☐ Full-time ☐ Part-time ☐ Self-employed ☐ Retired ☐ Not employed ☐ Other

Employer (if applicable)

Approximate annual household income:

☐ Under \$25,000 ☐ \$25,000-\$39,999 ☐ \$40,000-\$54,999
☐ \$55,000-\$74,999 ☐ \$75,000-\$99,999 ☐ \$100,000 or above

Does your household receive financial or community assistance?

☐ Yes ☐ No

If yes, briefly describe (optional)

4. HEALTHY HOME PRODUCTS REQUESTED

Please check the products that would be most helpful:

☐ Water filter ☐ Air purifier ☐ Replacement air/HVAC filters
☐ Non-toxic cookware ☐ Safer kitchen products ☐ Smoke detectors
☐ Carbon monoxide detectors ☐ Safer cleaning products

Other healthy-home essentials

Which THREE items are most important to your household?

1. 2. 3.

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5. TELL US ABOUT YOUR NEED

Why are you requesting assistance at this time?

Are there particular conditions in your home you hope to improve?
For example: water quality, air quality, cooking materials, or missing safety equipment.

Would purchasing these products create financial hardship?

☐ Yes ☐ No ☐ Somewhat

Please explain briefly:

6. YOUR FAMILY'S STORY

Tell us about your family, challenges you have faced, and why a healthier home matters.
There is no right answer. We want to know the people behind the application.

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7. HOW WOULD THIS ASSISTANCE HELP?

What difference would these products make for your household?

8. REFERENCES

Please provide three references below.

Reference 1

Name

Phone

Email / relationship (if needed)

Reference 2

Name

Phone

Email / relationship (if needed)

Reference 3

Name

Phone

Email / relationship (if needed)

9. ADDITIONAL INFORMATION

Anything else you would like us to know?

10. APPLICANT CERTIFICATION

I certify that the information provided is true and accurate to the best of my knowledge.

I understand that submitting an application does not guarantee assistance. Eligibility, demonstrated need, available funding, and products determine final approval.

Selection for further consideration does not guarantee final approval or receipt of assistance.

Signature

Date

Printed name