



### Consumer Application

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

- Area in which you prefer to live: \_\_\_\_\_
- Number of bedrooms on main floor \_\_\_\_\_, Total number in home \_\_\_\_\_
- Number of bathrooms on main floor \_\_\_\_\_, Total number in home \_\_\_\_\_
- Accessible master bath (yes/no) \_\_\_\_\_, Total accessible baths \_\_\_\_\_
- Number of adults \_\_\_\_\_, number of children \_\_\_\_\_, number of persons with a disability \_\_\_\_\_
- Subsidized home (yes/no) \_\_\_\_\_ Referred by: \_\_\_\_\_

• Characteristics of person with disability:

17 or under \_\_\_\_\_ 18 or over \_\_\_\_\_ Disability \_\_\_\_\_

SSI (yes/no) \_\_\_\_\_ SSDI (yes/no) \_\_\_\_\_ other disability payment (yes/no) \_\_\_\_\_

Comments regarding home design for this person: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Characteristics of person with disability:

17 or under \_\_\_\_\_ 18 or over \_\_\_\_\_ Disability \_\_\_\_\_

SSI (yes/no) \_\_\_\_\_ SSDI (yes/no) \_\_\_\_\_ other disability payment (yes/no) \_\_\_\_\_

Comments regarding home design for this person: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Comments regarding home design for this person: \_\_\_\_\_

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Comments regarding home design for this person: \_\_\_\_\_

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Comments regarding home design for this person: \_\_\_\_\_

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Add additional pages or information as needed.