

Revised 12/06

APPLICATION

1017 W. Lapeer St.
Lansing, MI 48915
(517) 372-5980 x13

For

H.E.R.O. Mobile Tool Library Program

Applicant Information (Please Print):

Name _____ Social Security

Number _____

Street

Address _____

City, State, Zip Code _____ Home Phone

Number _____

Employer _____ Work Phone

Number _____

Email Address: _____

Please check (Ö) one:

? Homeowner

? Renter

The following information is required by the Federal Government for reporting purposes and in no way restricts participation in this program.

Please check (Ö) one of the following regarding the applicant:

? Hispanic/

Latino ? Non Hispanic/Latino

Please check (Ö) all that apply regarding the applicant:

? White

? Black or

? Asian

? American Indian or

? Native Hawaiian or

African American

Alaskan Native

Other Pacific Islander

? Other _____

If the applicant is female head of household please check (Ö) this box:

?

Female Head of Household

Applicant's Signature _____ **Date**

Residence Confirmation Information:

- .. **Michigan Driver's License #** _____
- .. **State ID #** _____
- .. **Utility Bill (Copy Attached)**
- .. **Current Lease/Rental Agreement (Copy Attached)**
- .. **Current Property Tax Bill (Copy Attached)**

For Office Use Only

Identification Number _____

CDBG Service Area

Yes

No