



**PROJECT COOL - AID
2014**

APPLICATION

HOMEOWNER NAME(S): _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

Number and Description of Family Members:

Description of Air Conditioning Repair Needed:

Statement of special circumstances including health, disability issues and extreme financial concerns (200 word maximum):

Annual Household Income:

- | | |
|---------------------------|---------------------------|
| _____ Up to \$14,999 | _____ \$15,000 - \$19,999 |
| _____ \$20,000 - \$24,999 | _____ \$25,000 - \$29,000 |
| _____ \$30,000 - \$34,999 | _____ \$35,000 - \$39,999 |
| _____ \$40,000 - \$49,000 | _____ \$50,000 or more |