ROOF RELIEF 2018

Are you nominating yourself? (Circle one) YES NO

Name of person filling out form_____
Address_____Zip Code_____
Date of Birth_____Phone Number_____
Email_____Relation to Nominee_____
Name of Nominee(if different from above)_____
Address_____Zip Code_____
Date of Birth_____Phone Number_____
Email_____
Number of Dependents_____Annual Income_____
How long have you owned your home?_____
Date of last mortgage payment:_____ Are you able to provide a current statement? Y N
Employed?_____If yes, name of employer?_____
If employed, how long have you held your current job?_____
Have you filed a claim with your insurance company for your roof?_____If yes, when?_____

3 References are required for consideration. Please include a name, address and phone number*

Reference #1_____
Reference #2_____
Reference #3_____

In the space provided below, please describe why you or the nominee should be considered for a free roof. We will consider all information when making our decision and will especially take into account family situation, financial situation, serious hardships and physical disability. Continue on back of paper if you run out of room. *Please write legibly or use a computer.*

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Signature_____ Date_____

COMPLETED APPLICATIONS MAY BE *DROPPED OFF* AT 522 SO. 6TH STREET, BEATRICE OR *MAILED TO* SCHOEN'S ROOFING, LLC 468 W. LILAC RD, BEATRICE, NE 68310