



# Adopt-A-Neighbor Outreach Program

## Department of Neighborhood Assistance and Planning

### Applicant Information

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status:  Single      Married

Are you the property owner?  Yes  No     How long have you owned the property? \_\_\_\_\_

Are You Disabled:  Yes      No     Disability: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Disabled:  Yes      No     Disability: \_\_\_\_\_

Additional Households Members:

Name	Relationship	Date of Birth

Total Number of Individuals Residing in the Household: \_\_\_\_\_

Total Annual Household Income:

- Under \$15,000      \$15,000 - \$19,000      \$20,000 – \$24,999  
 \$25,000 – \$29,999      \$30,000-\$34,999      \$35,000 – \$39,999  
 \$40,000 +

Other Assistance Received (Food stamps, REAP, etc.): \_\_\_\_\_

### Family Resource Information

Do you have any family members that live within 20 miles of Hopewell?      Yes      No

If so, who please list their names and contact information below.

Name	Relationship	Phone Number	Date of Birth

**Type of Assistance Needed**

Provide a statement of the type of assistance that is needed by your household.

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*I, the below signed, certify that the information provided on this application is true and correct to the best of my knowledge and belief. I understand that this release discharges the City of Hopewell from any liability or claim that I may have against the City of Hopewell with respect to any damage or injury, personal or otherwise, that may result from this project, whether caused by the acts or omissions of the City of Hopewell or its officers, directors, employees, or agents or otherwise. I also understand that the City of Hopewell does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.*

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Applicant Signature Date

**NOTE: Approval of this application ONLY qualifies you for assistance, it does not guarantee that assistance will be provided. If no individual or group volunteers to provide assistance the City is NOT obligated to provide assistance.**

For Staff Use Only:

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Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved:  Yes  No