

DATE:

ADOPT-A-POOL-FENCE PROGRAM APPLICATION

First Name:	Last Name:	
Are you the owner of the house where the fence is needed? (Y/N)		
If yes, do you live in the house where the fence is needed full time? (Y/N)		
If no, what is your relationship to the homeowner?		
Main Phone:	Other Phone:	
<b>ADDRESS OF WHERE FENCE IS NEEDED</b>		
Street Number:		
City:	Zip Code:	
Is there any type of fencing or barrier currently in place that may need professional removal? (Y/N)____ Please Explain:		
How many people live in this home?	How many children 6 or younger live in this home?	Specific ages (children):
One of the conditions for the Adopt-a-Pool Fence Program is that applicants must show financial need. Do you feel that you meet this condition, and if yes, why?		
Please explain any other special situations that you feel qualify you to receive a pool fence.		
How did you hear about the program?		
<b>PLEASE NOTE:</b> This pool fence donation offer is for a fence with the shortest possible length that will ensure safety. Visual appeal will not be considered.		
Please estimate the length of the shortest possible fence needed:		feet

I hereby certify that the above information is accurate.\*

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\*If you are completing this application electronically, please type your full name in the signature line as indication of your agreement with this statement.

Please contact Program Coordinator at (602) 277-1500 with any question. Completed applications can be emailed to [poolfence@Local493.org](mailto:poolfence@Local493.org), faxed to (602) 277-0003, or mailed to:

Adopt-a-Pool Fence Program  
61 E Columbus  
Phoenix, AZ 85012

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<b>HOUSEHOLD INCOME-</b> <i>Include income from all family members</i>			
GROSS Household income (Monthly)	\$	TAKE-HOME Household Income (monthly)	\$

\*\*\* PLEASE SUBMIT THE TWO MOST RECENT PAY STUBS FOR ALL EMPLOYED FAMILY MEMBERS. (This is a *required* part of the application , barring any special circumstances.)

<b>OTHER INCOME:</b> <i>(i.e. alimony, Social Security, rent, child support, food stamps, etc.)</i>	
AMOUNT	SOURCE
\$	
\$	

<b>HOUSEHOLD LIVING EXPENSES-</b> <i>please estimate</i>		
ITEM	AMOUNT	# OF MONTHS OVERDUE
Mortgage (1)		
Mortgage (2)		
Rent		
Car		
Electric		
Natural Gas		
Water		
Telephone (Cell, Pager, Home)		
Cable		
Food		
Clothing		
School/Education Expenses		
Homeowner's Association Dues		
Car Insurance		
Life Insurance		
Child Care		
Medical Prescriptions		
Other Expenses (please list)		
<b>TOTAL MONTHLY EXPENSES</b>		

I hereby certify that the above information is accurate.\*

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

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