

THE LILLIE RENEE FOUNDATION HURRICANE RELIEF HOUSE REPAIR & DEBRIS REMOVAL

ASSISTANCE APPLICATION

The Lillie Renee Foundation Lot 4C Sabal Close Airport Industrial Park Nassau Bahamas Telephone 1242 677-0215 info@lilliereneefoundation.com

FOR OFFICIAL USE ONLY

APPLICATION NO	
CONTRACT NO	
SUBMISSION DATE	
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APPLICANT'S INFORMATION					C-4414		
Name of Applicant:					Settlement		
(Last Name)	(First N	Name)	(Midd	le Name)	-		
Cell Number:	Home Number:			Work I	Number:		
National Insurance Board (NIB) Number:							
Date of Birth:		Sex: Male	Female				
Name of Homeowner?							
Does the house have insurance? Yes () No ()							
Name of Insurance company							
Do you have a mortgage?							
Street Address (Please include house # and detailed directions):				City/l	City/Island:		
				DO.	n		
				P.O. 1	B0X:		
	• .						
Ownership Verification: Deed or otherwise (attach a copy of proof of ownership) or permission to authorize assistance							
INFORMATION ON HOUSE STRUCTURE							
In what year was home built?			uildina Ctula.	Cinala Ea	Multi Family		
Type of structure: Building Style: Single Family Multi-Family Type of structure:							
Concrete Block Wood Stucco							
Does the house have indoor plumbing and a septic tank system? Yes No							
Please state requested assistance:							
HOUSEHOLD DETAILS							
Number of adults living in the house:		Number of children living in the house			mber of disabled persons living the house:		
HOUSEHOLD EMPLOYMENT INFORMATION							
1. Name: Place of employment:				,	Telephone:		
1. Ivaine.	1 face of employment				receptione.		
2. Name:	Place of employment:			Telephone:			
3. Name:	Place of	employment:		Telephone:			
I hereby confirm that the information provided herein is two and correct and if application approved give authorization for renains to be done							

I hereby confirm that the information provided herein is true and correct and if application approved give authorization for repairs to be done and debris to be removed.

 Signature:
