

**House Method Gives Back**

**Application Form**

Full name of applicant: \_\_\_\_\_

Name of contact at applicant (if applicant is organization): \_\_\_\_\_

\_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Website (if organization): \_\_\_\_\_

Phone number: \_\_\_\_\_

For organizations, are you tax-exempt under 501(c)(3) of the Internal Revenue Code? \_\_\_\_\_

*By my signature below, I certify that the information I have provided above and in my submission is true, accurate, and complete. I also understand that any false statements or deliberate omissions on this document or any others that I provide in relationship to this grant are grounds for disqualification.*

\_\_\_\_\_

Signature

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Date