Bucks-Montgomery Home Builders Charitable Foundation 540 Pennsylvania Avenue, Suite 309, Fort Washington, PA 19034

E-mail: dfawcett@hbahomes.com Phone (215) 657-1300 Fax (215) 657-9080						
Date of Application			Date Assistance is Needed			
	Applicant Information		Person in	Need of Assistance Information		
Name			Name			
Mailing Address Street			Mailing Address Street			
Mailing Address City, State Zip	<u> </u>		Mailing Address City, State Zip			
E-Mail Address	<u> </u>		E-Mail Address			
Cell Phone			Cell Phone			
Home Phone			Home Phone			
ах			Fax			
Summarize the reason for the assistance needed.						
Wh	y do you believe that the person(s) requiring a	assistance s	hould be granted assistance by thi	s Charitable Foundation?		
Have you sought out oth			For example, bank loans, donation	s, charities, family assistance, gifts, volunteers.		
		Success?	Explanation of assistance bein	ng provided or why funding/assistance could not be provided.		
Other Avenue of Funding/Assistance applied for.		Yes/No		provided.		
	Please provide an explanation of how th	is Charitah	e Foundation can assist with the n	roject/initiative		
	riease provide an explanation of now th	iis Charleadi	e i odindation can assist with the p	noject/ initiative.		
				7		
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	lanation of the scope of work of the entire project/initiative, ar Suggested attachments: permits or permit applications, proje reports, sketches, drawings, videos & other presentation mate	ect schedule, timeline of events, schedule of values, inspection
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Diago submit this form via a mail for a mail to the	dross on the ten of this form. Please not that the Charlette	Constitution Policy states that assistance is for the assistance
providing shelter or related housing assistance primarily	dress on the top of this form. Please note that the Charitable D within Bucks and Montgomery Counties, Pennsylvania. Addition ation will require acceptance of a background check of the pers	onal information may be requested from the applicant prior to
Signature of applicant:	Page 2 of 2	Date: