



FOUNDATION'S GOAL:

TO HELP VETERANS WHO HAVE FALLEN ON UNFORTUNATE TIMES BY IMPROVING THEIR QUALITY OF AND ACCESSIBILITY CONSTRAINTS

PERSONAL INFORMATION

| | |
|---------------------------------------|-----------------------------------|
| APPLICANT'S NAME: _____ | SEX <input type="checkbox"/> MALE |
| | <input type="checkbox"/> FEMALE |
| APPLICANT'S ADDRESS: _____ _____ | RENT <input type="checkbox"/> |
| | OWN <input type="checkbox"/> |
| SERVICE ADDRESS (IF DIFFERENT): _____ | |
| PHONE NUMBER (HOME): _____ | PHONE NUMBER (CELL): _____ |
| EMAIL ADDRESS: _____ | |

MILITARY INFORMATION

| | | | |
|--|--|---------------------------------------|--|
| SERVICE BRANCH: _____ | | | |
| SERVICE YEARS: _____ | RETIRED <input type="checkbox"/> YES | DISABLED <input type="checkbox"/> YES | |
| | <input type="checkbox"/> NO | <input type="checkbox"/> NO | |
| HONORABLE DISCHARGE <input type="checkbox"/> YES <input type="checkbox"/> NO | DD214 AVAILABLE <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

REQUEST INFORMATION

| | | | | |
|---|---|----------------------------------|-----------------------------------|--------------------------------|
| REQUESTED AREA OF IMPROVEMENT | | | | |
| <input type="checkbox"/> EXTERIOR ACCESSIBILITY | <input type="checkbox"/> INTERIOR ACCESSIBILITY | <input type="checkbox"/> KITCHEN | <input type="checkbox"/> BATHROOM | <input type="checkbox"/> OTHER |
| BRIEF EXPLANATION OF REQUEST | | | | |
| | | | | |
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The information collected is for the sole purpose of applicant selection for services provided by The Kenneth Teeters Foundation. The Board shall review all applications based upon applicant need, situational hardships, and availability of funds. Decision to be provided within 90 days of Board review. Selection IS NOT guaranteed.

FOR CONSIDERATION, RETURN FORM TO: KENNETH TEETERS FOUNDATION, PO BOX 80203, BAKERSFIELD, CA 93380