

The Associates Group for Affordable Housing, Inc.

TAG-Oakridge Fire Fund
Application for Assistance

1. Address at Oakridge

2. Names of Registered Owner(s)

3. Names of Other Occupants of Home

4. Was Your Home Insured? Yes _____ No _____

5. Does Your Insurance Provide for Additional Living Expenses
Yes _____ No _____ N/A _____

6. How Many Persons in Household are Employed? _____

7. How Many Persons in Household are Retired? _____

8. Total Annual Household Income? \$ _____

9. Present Address:

10. Email Address and Phone Numbers

Email: _____

Phone: Day _____ Night _____

Signatures
