

APPLICATION DEADLINE IS FEBRUARY 3, 2023

ALL SECTIONS MUST BE COMPLETED

Ashland Build A Bed Application

Please fill out all parts of this application so we may assess your child's need for a bed.

INCOMPLETE Applications will not be considered. **ALL** sections must be completed.

Application **MUST** be *received* online or at the MCCU or ACU Office by **February 3, 2023**.

*Please note: some of the information gathered is for statistical purposes so please answer thoroughly. If we are unable to provide a bed to you, we may share your contact information with another agency or group who may be able to provide assistance to you.

MULTIPLE REQUESTS FOR ONE FAMILY DOES NOT GUARANTEE ALL APPLICANTS WILL RECEIVE A BED.

Guardian/Parent Name _____ Relationship to Child _____

Mailing Address _____ City, State, Zip _____

Home/Cell Phone _____ Work Phone _____

Alternate Contact Name & Phone (if we cannot reach you) _____

E-mail Address _____ County of Residence _____

List all children in the household and indicate which child/children would receive the requested bed(s).

Name	School Name	Age	Gender	Bed Request	Has this child ever received a bed from Build-A-Bed?
				Yes / No	
				Yes / No	
				Yes / No	
				Yes / No	
				Yes / No	
				Yes / No	

Number of Adults over 18 in the Household _____ Number of those adults with income _____

TOTAL ANNUAL INCOME – Information is only used to determine eligibility for beds. List amounts.

Family Member	SSI	SSDI	EBT	Child Support	Employment	Pension	Unemployment	Other
	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$

Are you or any member of your household currently serving or previously served in the military? Yes / No

Number of bedrooms in the house _____ Number of beds in the house _____

If you have received beds from the program in the past and you are reapplying, explain why:

Describe briefly the current sleeping arrangements of the children currently living in the house:

I CERTIFY ALL INFORMATION IN THIS APPLICATION IS TRUE. I UNDERSTAND THAT THIS BED CANNOT BE SOLD, TRADED, RETURNED OR BARTERED.

GUARDIAN/PARENT SIGNATURE

DATE

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Additional Information and Instructions (this page does not need to be submitted with the application)

1. Please understand not all applicants will receive a bed.
2. Only school age children (2-18 years old) who are currently in school are eligible to apply.
3. There is only one design for beds. We do NOT build bunk beds.
4. Two weeks after the application deadline, determinations will be made. We will mail you a letter with a pickup date and location (do not contact us).
5. It is your responsibility to notify us if your contact information changes. Please do so via U.S. Postal Service or e-mail ashlandbuildabed@gmail.com (failure to do so may result in loss of awarded bed).
6. **Incomplete applications will not be considered.** You **MUST** include current sleeping arrangements.
7. You must make arrangements to pick up your bed if you are receiving a bed (beds will not be delivered).
8. Income guidelines are used to determine eligibility. For the total annual household income listed on the application you must include all income such as disability, social security, pensions, child support, unemployment compensations, income from employment, etc.
9. Eligibility is determined by income, age of child, and need.

Application should be mailed to:

Grace Allen
Ashland Build A Bed
PO BOX 1468
Ashland, KY 41105
MCCU: 606.326.7064
Email: ashlandbuildabed@gmail.com gallen@mccu.net

TO BE CONSIDERED ALL APPLICATIONS MUST BE IN THE OFFICE LISTED ABOVE BY FEBRUARY 3, 2023.

**Income Guidelines, you must be at or below the stated income for your family size.
For families with more than 8 persons, add \$6,137 to annual income for each additional person.**

SIZE OF FAMILY	MONTHLY INCOME LIMIT	ANNUAL INCOME LIMIT
1	\$1,473	\$17,667
2	\$1,984	\$23,803
3	\$2,495	\$29,939
4	\$3,007	\$36,075
5	\$3,518	\$42,211
6	\$4,029	\$48,347
7	\$4,541	\$54,483
8	\$5,052	\$60,619

Referring Agency Comments (Optional) _____

