



**SENIOR BASEMENT PROTECTION PROGRAM  
APPLICATION**

<b>NAME</b>	<input type="text"/>
<b>STREET ADDRESS</b>	<input type="text"/>
<b>CITY, STATE, ZIP</b>	RIVER FOREST, IL 60305
<b>PHONE</b>	<input type="text"/>
<b>EMAIL</b>	<input type="text"/>
<b>DATE OF BIRTH</b>	<input type="text"/>
<b>ANNUAL INCOME</b>	<input type="text"/>
<b>SOURCE OF ANNUAL INCOME</b>	<input type="text"/>

*Please provide a copy of your most recent tax return or other proof of financial hardship.*

**I attest that the information I have provided is true and accurate.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

<b>OFFICE USE ONLY</b>	
_____ Date Received	_____ Received By