



Fan Application

Date of Application: _____ Head of Household: _____

Phone Number: _____ Address: _____

City: _____ Zip Code: _____

Type of Structure (please choose one):

- Weatherized Trailer
- Non-weatherized Trailer
- Weatherized House
- Non-weatherized House
- Apartment Building
- Duplex or Multi-unit Home
- Other: _____

Number of cooling devices currently available:

- Window AC: _____ Central Air: _____
- Ceiling Fans: _____ Box Fan: _____
- Swamp Cooler: _____ Attic Fan: _____
- Dehumidifier: _____ Oscillating Fan: _____

Full Name of ALL Household Members	Age	Monthly Income Amount(Child Support, Employment, SSD/SSI, TANF, etc.)	Pregnant?	Medical Need

Please give a brief statement why you are requesting a fan: _____

If you wish to be given priority based on medical need, please have your doctor's office or health care professional fax verification that a fan is medically necessary to:
573-642-2191 SERVE, Inc. Attn: Front Desk.

OFFICE USE ONLY:

Date of Pick Up: _____

Client Signature: _____ Employee Signature: _____