



# PROJECT **RESTOR**

## **RESTOR Grant Application**

Please provide all information requested. Incomplete applications will not be accepted.

**Name\***

First Name

Last Name

**Birth Date\***

**Utility Account #\***

-

**Phone Number\***

**Email\***

example@example.com

**Household Information\***

# of Household Members

Total Annual Income

**Address\***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

## Supporting Documents Required:

Please attach the following required documents to the application: utility bills, check stubs, proof of present address, government-issued photo ID, and proof of total members living in your household.

- 1. City of Alexandria Utility Bills (no older than 30 days)**
- 2. All check stubs from the previous 30 days for all household employment**  
(additional requirements for self-employment and no-employment will apply)
- 3. Proof of Unearned Income (Social Security, Unemployment Insurance, Retirement, Pension Funds, Disability, Rental Income, Regular Contributions, etc.)**  
(if applicable)
- 4. Proof of present address (rent receipt, lease or deed, etc.)**
- 5. Government-issued photo ID of the applicant and their Social Security card**
- 6. Proof of total members living in your household and their Social Security cards**  
(exceptions may apply)

*For questions please call 318.449.5275*

**Received by the City of Alexandria:**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

By: \_\_\_\_\_

Approved

Rejected

Grant Amount: \_\_\_\_\_



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