

# BEDS FOR KIDS PROGRAM

## Client Application

One House at a Time's Beds for Kids program provides children from low income families with new twin beds. To be eligible for our program, children must:

1. Be part of a household with a gross monthly income that is at or below 125% of the 2011 US poverty guidelines. If there is an unusual financial situation or other circumstance that might be helpful in reviewing this application, please explain in the comments section on the following page.

Family Size	Monthly Income	Family Size	Monthly Income	Family Size	Monthly Income
1	\$1,134	4	\$2,328	7	\$3,522
2	\$1,532	5	\$2,726	8	\$3,920
3	\$1,930	6	\$3,124	9	\$4,318

2. Be at least 2 years of age but no older than 18.

Complete all requested information and return to our office by email ([office@ohaat.org](mailto:office@ohaat.org)) or mail (411 Susquehanna Rd, Ambler PA 19002). If you have questions, please contact our program coordinator at 215-646-7812.

### AGENCY INFORMATION

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

Agency Representative: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### CLIENT INFORMATION

Full Name of Parent/Guardian: \_\_\_\_\_  
*First* \_\_\_\_\_ *Last*

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Street Address (including Apartment/Unit #)*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code*

Is this government subsidized housing?      Yes      No

When did client move into this residence? \_\_\_\_\_

---



---

**HOUSEHOLD INFORMATION**

---



---

What is the gross monthly household income? \_\_\_\_\_

List all family members living in household. Include each member's gender, date of birth, and race (see below for key). Indicate for which children you are requesting beds in the last column.

	Full Name	Gender	Date of Birth	Race **	Requesting a Bed
1.		M    F			
2.		M    F			
3.		M    F			
4.		M    F			
5.		M    F			
6.		M    F			
7.		M    F			
8.		M    F			
9.		M    F			

\*\* Asian/Pacific Islander = A, Black or African American = B, Caucasian = C, Hispanic = H, Other = O

---



---

**COMMENTS**

---



---

Please tell us why your client is requesting beds for children in his/her household. Explain any unusual financial situation or other circumstance that might be helpful in reviewing this application.

I certify that the information provided is true and accurate to the best of my knowledge.

I have verified my client's information and believe my client to be eligible for assistance.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date