



1196 S. Lecanto Hwy.  
Lecanto, FL 34461  
(352) 746-9028 x 1 – office  
(352) 746-9029 - fax  
www.citrusbuilderscare.org

**Client Information**

**Date:** \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Description of Need:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about us?**

\_\_\_\_\_  
\_\_\_\_\_

**Income total of all occupants:**

\_\_\_\_\_

Do you or anyone in the household work?

Where?

\_\_\_\_\_

**Age of all occupants:**

\_\_\_\_\_

Type of home:

# bedrooms:

# bathrooms

\_\_\_\_\_

Date built:

Do you own  rent  What name is listed on the CC Tax roll:

\_\_\_\_\_

Do you receive any financial assistance?

Explain:

\_\_\_\_\_

\_\_\_\_\_

For office use only: Date received: \_\_\_\_\_ by: \_\_\_\_\_ Board date: \_\_\_\_\_

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_ why: \_\_\_\_\_

\_\_\_\_\_

PM: \_\_\_\_\_ Action taken: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By: \_\_\_\_\_ Date Job completed: \_\_\_\_\_ Assists: \_\_\_\_\_

\_\_\_\_\_