



Request for L.E.A.F. Support – 2008 July 19, 21-26, 2008

Date _____

No. _____

Name: _____

Address: _____

City/State/Zip: _____ Employed? yes no

Phone No. _____ Number in Family _____

Contact Person for Applicant and/or Church

(Applicant must be owner and resident of the above mentioned residence)

Type of Work to be Done

Check all those that apply:

| | | |
|-----------------|----------------|-------------------|
| Carpentry _____ | Painting _____ | Landscaping _____ |
| Drywall _____ | Roofing _____ | Cleaning _____ |
| Other _____ | Plumbing _____ | |

Applicant's description of work to be done. Be specific.

Have you applied for L.E.A.F. support in the past? Yes No

Was any work completed by L.E.A.F.? Yes No

Note: All applications will be considered on a physical and/or financial needs basis.

Completed Request Forms are to be returned by **Tuesday, April 2, 2008**. You may return them to your church or mail them to the following address:

Attn: L.E.A.F. Project
PO Box 619
Conneaut, OH 44030-0619

L.E.A.F.'s Assessment of Application

This page for L.E.A.F. committee use only

Physical Need _____ Financial Need _____ Physical/Financial Need _____

Estimated Number of Days to complete project _____

Estimated expense of project: \$ _____

Estimated Number of Volunteers required to complete project _____

Estimated Materials Requirement: (attach additional sheet if needed)

| Material | Type/Color/Dimensions | Quantity |
|----------|-----------------------|----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Detailed assessment of project requirements. Include pictures if possible.

Applicant is willing/able to contribute \$ _____ towards completion of project.

Project Assessment completed by:

Name _____ Home Church _____

Name _____ Home Church _____

Applicant Contacted by:

Name: _____ Home Church _____