



APPLICATION For The Tool Library

2771 E. 4th Avenue Columbus, OH 43219 (614)258-6392 Fax: 614-252-2593 Email - Tool.Library@rtcentralohio.org

Applicant Information (Please Print):

Name, Street Address, City, State, Zip Code, Employer, Email Address, Driver's License #, State/Federal Issued ID #, Home Phone #, Work Phone #, Cell Phone #

Please check (v) one [] Homeowner [] Renter (Owners permission is needed please complete section below) [] Landlord (Please list properties where tools will be used on separate sheet)

The following information is for internal use only and in no way restricts participation in this program.

Please check (v) all that apply regarding the applicant:

Are you? [] Hispanic/Latino [] Non Hispanic/Latino [] White [] African American [] Asian [] American Indian or Alaskan Native [] Native Hawaiian or Other Pacific Islander

How many individuals live in the house? _____

Annual combined income of all residents? [] < \$35,000 [] \$35,000 - 44,000 [] \$44,001 - 50,000 [] \$50,001 - 55,000 [] \$55,001 - 60,000 [] \$60,000 - 99,999 [] > \$100,000

If the applicant is female head of household please check (v) this box: [] Female Head of Household

Applicant's Signature _____ Date _____

Note: If you rent your residence, the property owner must complete and sign the following agreement:

I, _____, being the property owner at _____, agree that, _____ may use tools borrowed from the Tool Library Program. I understand that the Rebuilding Together Central Ohio is not responsible for any damage caused through the use of these tools.

Signature of Owner _____ Date _____ Address _____ Phone # _____

For Office Use Only

Identification Number _____ Parcel Number _____