

Section 1: Applicant Information

Full Name: _____
First Last

Physical Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

****A PHONE NUMBER OR EMAIL MUST BE LISTED, SO THAT WE CAN CONTACT YOU FOR DELIVERY****

Section 2: Skip this section if you are the applicant.

IF YOU ARE COMPLETING THIS APPLICATION ON BEHALF OF SOMEONE ELSE, PLEASE FILL OUT THIS SECTION.

Full Name: _____
First Last

Agency/Relationship to Applicant: _____

Phone: _____ Email: _____

Section 3: Mattress Information

1) # of Adults in your household: _____ # of Children in your household: _____

2) How many mattresses are you requesting? _____ Twin _____ Toddler

3) Please describe your current sleeping arrangements (select all that apply):

Note: Checking any of the following does not mean you will be automatically rejected from the applicant pool.

- _____ Sharing a bed/mattress _____ No bed/mattress _____ Unsanitary mattress
- _____ Mold _____ Bugs

Other (please explain): _____

4) Have you requested a mattress from other programs/agencies? _____ Yes* _____ No

*If Yes, when & where? _____

Section 4: Authorization

Please Note: Participation in this program is limited and will be filled on a first come, first served basis, based on MAMC funding, and the ability to fulfill requests. If your contact information changes (phone number, email, or physical address), please contact us to update your information. We cannot approve incomplete applications.

Please mail or email this completed form to:
P.O Box 985, Bradford, PA 16701 or acrossmckean@gmail.com

By signing below, I give permission to the Mattresses Across McKean County Board to contact me regarding the decision of this application and if approved, to arrange for delivery.

Signature: _____ Date: _____