

**APPLICATION DEADLINE IS MARCH 1, 2019**  
**ALL SECTIONS MUST BE COMPLETED**  
**MOREHEAD Build-A-Bed Application**

**Please fill out all parts of this application so we may assess your child's need for a bed.**  
**INCOMPLETE Applications will not be considered. ALL sections must be completed.**

Application **MUST** be received at the MSU Office by **March 1, 2019**.

\*Please note: some of the information gathered is for statistical purposes so please answer thoroughly. If we are unable to provide a bed to you we may share your contact information with another agency or group who may be able to provide assistance to you.

**MULTIPLE REQUESTS FOR ONE FAMILY DOES NOT GUARANTEE ALL APPLICANTS WILL RECEIVE A BED.**

Guardian/Parent Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Alternate Contact Name & Phone (if we cannot reach you) \_\_\_\_\_

E-mail Address \_\_\_\_\_ County of Residence \_\_\_\_\_

List all children in the household and indicate which child/children would receive the requested bed(s).

| Name | School Name | Age | Gender | Bed Request | Has this child ever received a bed from Build-A-Bed? |
|------|-------------|-----|--------|-------------|--|
|      |             |     |        | Yes / No    |  |
|      |             |     |        | Yes / No    |  |
|      |             |     |        | Yes / No    |  |
|      |             |     |        | Yes / No    |  |
|      |             |     |        | Yes / No    |  |
|      |             |     |        | Yes / No    |  |

Number of Adults over 18 in the Household \_\_\_\_\_ Number of those adults with income \_\_\_\_\_

**TOTAL ANNUAL INCOME – Information is only used to determine eligibility for beds. List amounts.**

| Family Member | SSI | SSDI | EBT | Child Support | Employment | Pension | Unemployment | Other |
|---------------|-----|------|-----|---------------|------------|---------|--------------|-------|
|               | \$  | \$   | \$  | \$            | \$         | \$      | \$           | \$    |
|               | \$  | \$   | \$  | \$            | \$         | \$      | \$           | \$    |
|               | \$  | \$   | \$  | \$            | \$         | \$      | \$           | \$    |
|               | \$  | \$   | \$  | \$            | \$         | \$      | \$           | \$    |

Are you or any member of your household currently serving or previously served in the military? Yes / No

Number of bedrooms in the house \_\_\_\_\_ Number of beds in the house \_\_\_\_\_

If you have received beds from the program in the past and you are reapplying, explain why: \_\_\_\_\_

Describe briefly the current sleeping arrangements of the children currently living in the house:

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

**I CERTIFY ALL INFORMATION IN THIS APPLICATION IS TRUE. I UNDERSTAND THAT THIS BED CANNOT BE SOLD, TRADED, RETURNED OR BARTERED.**

\_\_\_\_\_  
 GUARDIAN/PARENT SIGNATURE

\_\_\_\_\_  
 DATE

**APPLICATION DEADLINE IS MARCH 1, 2019  
ALL SECTIONS MUST BE COMPLETED**

**Additional Information and Instructions (this page does not need to be submitted with the application)**

1. Please understand not all applicants will receive a bed.
2. Only school age children (3-18 years old) who are currently in school are eligible to apply.
3. There is only one design for beds. We do NOT build bunk beds.
4. Two weeks after the application deadline, determinations will be made. We will mail you a letter with a pick up date and location (do not contact us).
5. It is your responsibility to notify us if your contact information changes. Please do so via U.S. Postal Service or e-mail [v.cooper@moreheadstate.edu](mailto:v.cooper@moreheadstate.edu) (failure to do so may result in loss of awarded bed).
6. **Incomplete applications will not be considered.** You **MUST** include current sleeping arrangements.
7. You must make arrangements to pick up your bed if you are receiving a bed (beds will not be delivered).
8. Income guidelines are used to determine eligibility. For the total annual household income listed on the application you must include all income such as disability, social security, pensions, child support, unemployment compensations, income from employment, etc.
9. Eligibility is determined by income, age of child, and need.

**Application should be mailed or faxed to:**

Vicky Cooper  
 Morehead State University  
 211 Education Services Building  
 Morehead KY 40351  
 Phone: 606-783-2579  
**Fax:** 606-783-5080  
 Email: [v.cooper@moreheadstate.edu](mailto:v.cooper@moreheadstate.edu)

**TO BE CONSIDERED ALL APPLICATIONS MUST BE IN THE OFFICE LISTED ABOVE BY MARCH 1<sup>st</sup>, 2019.**

**Income Guidelines, you must be at or below the stated income for your family size.**

**For families with more than 8 persons, add \$4,160 to annual income for each additional person.**

| SIZE OF FAMILY | MONTHLY INCOME LIMIT | ANNUAL INCOME LIMIT |
|----------------|----------------------|---------------------|
| 1              | \$1,005              | \$12,060            |
| 2              | \$1,353              | \$16,240            |
| 3              | \$1702               | \$20,420            |
| 4              | \$2,050              | \$24,600            |
| 5              | \$2,398              | \$28,780            |
| 6              | \$2,747              | \$32,960            |
| 7              | \$3,095              | \$37,140            |
| 8              | \$3,443              | \$41,320            |

**Referring Agency Comments (Optional)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_