



Highland Restoration Association

Senior Outreach Mini-Grant Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Are you a dues paying member of HRA? YES NO Are you over the age of 55? YES NO

Will you serve on a committee? YES NO If yes, which? _____

Repair Information

Repair(s)/Improvement to exterior? YES NO Repair Type: _____

Repair Description: _____

Would you like HRA to facilitate repair? YES NO If yes, initial: _____

Repair Applied for: _____ Estimated Cost: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand my information will remain secure and only used to make determination.

If this application is selected for the award, I understand HRA may publish details about the grant and repairs in their newsletter, website, and on their social media accounts.

Signature: _____ Date: _____