

# HOMEOWNER REHABILITATION ASSISTANCE

Please read the basic guidelines for the "Home Rehab" loan program prior to completing this questionnaire and request for assistance. All eligibility requirements must be met.

## APPLICANT INFORMATION

APPLICANT:  
(PROPERTY OWNER) \_\_\_\_\_  
Last Name First Name Middle

SPOUSE: \_\_\_\_\_  
Last Name First Name Middle

CURRENT PLACE  
OF RESIDENCY: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code

MAILING  
ADDRESS: \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code

TELEPHONE  
NUMBER (S): \_\_\_\_\_  
Home Work Other

## PROPERTY INFORMATION

ADDRESS OF  
PROPERTY IN  
NEED OF  
REHABILITATION \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code

Check one:

- I certify that I am the sole owner of the property described above.
- I certify that I am part owner of the property described above.  
(List by name and relationship all additional owners)

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____
_____	_____

I certify that all the information above is true. Please place my name on the "Home Rehab" loan program waiting list.

\_\_\_\_\_  
Applicant/owner signature

\_\_\_\_\_  
Date