

**HOMEOWNER REHABILITATION ASSISTANCE
FOR PERSONS AT LEAST FIFTY-FIVE YEARS OF AGE
AND/OR DISABLED**

Please read the basic guidelines for the "HomeCare" 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 "HomeCare" loan program waiting list.

Applicant/owner signature

Date