SNOW BELT HOUSING

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PRE-APPLICATION – ALL REHABILITATION PROGRAMS

JOIN OUR WAITLIST

I AM INTERESTED IN BEING PLACE ON THE WAITLIST FOR THE FOLLOWING PROGRAM:

☐ OWNER OCCUPIED REHAB ☐ TENANT OCCUPIED REHAB ☐ MOBILE HOME REPLACEMENT PROGRAM ☐ FIRST TIME HOME BUYER

NAME: _____ PHONE #: _____

ADDRESS: _____ COUNTY: _____ ZIP: _____

HAVE YOU OWNED AND LIVED IN YOUR HOME FOR AT LEAST (1) YEAR? _____

DO YOU HAVE A VALID DEED FOR THE PROPERTY? _____

DO YOU CURRENTLY HAVE A MORTGAGE? _____ HOMEOWNER'S INSURANCE? _____

HAVE YOU USED GRANT FUNDS TO REPAIR YOUR HOME IN THE PAST? _____ IF YES,

WHAT WAS REPAIRED AND WHEN? _____

HOW MANY PEOPLE IN THE HOUSEHOLD? _____

LIST NAMES OF ALL HOUSEHOLD MEMBERS AND INCOME DETAILS

NAME	SOURCE OF INCOME	TOTAL MONTHLY INCOME

ADD ALL MONTHLY INCOME ABOVE AND MULTIPLY TOTAL BY 12 TO GET TOTAL ANNUAL INCOME

WHAT IS THE TOTAL ANNUAL INCOME FOR THE HOUSEHOLD? _____

IS ANYONE OVER THE AGE OF 60? _____ DISABLED? _____ HANDICAPPED? _____

ARE YOU A SINGLE PARENT WITH CHILDREN AGE 18 OR UNDER? _____

ARE YOU A FEMALE HEAD OF HOUSEHOLD? _____

PLEASE CIRCLE REPAIRS THAT MAY BE NEEDED

☐ FOUNDATION ☐ ROOFING ☐ CHIMNEY

☐ HEATING SYSTEM ☐ SIDING / EXTERIOR PAINTING ☐ ELECTRICAL

☐ PLUMBING ☐ EXTERIOR DOORS ☐ WINDOWS

☐ INSULATION ☐ PORCHES / EXTERIOR STEPS ☐ HANDICAP ACCESSIBILITY

SIGNATURE: _____ DATE: _____