



Housing and Neighborhood Programs
Home Repair Assistance Questionnaire



Date: _____ Type of Assistance: _____

Applicants Name: _____

Home Phone #: _____ Cell #: _____

Applicants Address: _____

Ward _____

Age of Applicant _____ Income _____ # in Household _____

Race/Ethnicity _____

Gender _____

Year house was built _____ # of Bedrooms _____ # of Bathrooms _____

Is the applicant disabled? YES or NO (circle one)

Does applicant own their home? YES or NO (circle one)

Does applicant have insurance? YES or NO (circle one) Company _____

Income Very Low or Low (circle one)

Emergency Assistance required: (Roof, Plumbing, Electrical, HVAC, World Changers)

Three horizontal lines for emergency assistance details.

Staff Signature

Date

Technician

Inspector