



Housing and Neighborhood Programs

Homeowner Questionnaire Form (REHAB)



Due to COVID-19, we are limited to the exterior only.

Emergency Assistance Grants may be made to pay for construction work to correct items that are determined to be of an immediate and necessary nature and which can have an imminent effect on improving the health and/or safety of the occupants and meets the following definition: An emergency is a situation or condition that occurred recently (generally within two weeks) without warning, that is detrimental to or a threat to life, health or safety, and requires immediate action. Immediate action is defined as action taken within three business days.

Date: _____ Type of Assistance: _____

Applicants Name: _____

Home Phone #: _____ Cell #: _____

Applicants Address: _____

Age of Applicant _____ Household **(All Adult Members)** Income _____

Number of people in Household _____

Race/Ethnicity _____

Gender _____

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

Is the applicant disabled? YES NO

Does applicant own their home? YES NO

Are you currently in Bankruptcy? YES NO

Does applicant have insurance? YES NO Is so, List Company _____

Can you provide documentation of your insurance?

Type of Assistance Requested: Roof, Plumbing (exterior, sewer line, water line, Electrical 200amp service)

Homeowner Signature

Date

Technician Assigned: _____

Inspector: _____