

**Home Repair & Accessibility Program  
Pre-Application Form**

Date Received: \_\_\_\_\_  
Time Received: \_\_\_\_\_  
Received By: \_\_\_\_\_

Name (Head of Household): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Annual Household Income: \$ \_\_\_\_\_

Type of income: \_\_\_\_\_

Number of people living in the house: \_\_\_\_\_ # of children under age of 6: \_\_\_\_\_

Do you have a mortgage on this property: \_\_\_\_\_

Are you current with your mortgage payment: \_\_\_\_\_

Current monthly mortgage payment: \_\_\_\_\_

Do you have a second lien on the property: \_\_\_\_\_ Type: \_\_\_\_\_