

## **Owner Occupied Rehabilitation Program**

Applicant Information						
Name:		Date:				
Address:		Apt. #	<u>.</u>			
City:	State:	Zip (	Code:			
Phone:		Email:				
Total Units: #People in Household: # of children under 18:						
# of people over 60: # of people that are Disabled:						
Are you a Veteran who served at least 90 active days during a time of War? YES NO						
Are you a single parent with mi	YES	NO				
Is your home a mobile/manufac	YES	NO				
If yes, is it a single or double wide?						
Do you have tenants in this prop	YES	NO				
Have you received State/Federal grant assistance before? YES NO						
DATE OF WORK: WORK DONE: COST OF WORK:						





Household Expenses					
Do you have a Mortgage?	YES	NO	Payment Amount:		
Do you have home insurance?	YES	NO	Are your property taxes current?	YES	NO
Are you on a well/septic system?	YES	NO	If no, is your water bill current?	YES	NO

## Household Income

List Names of ALL household members who are over 18, their source of income/assets and monthly amount:

Name:	Source:	Gross monthly income:

Do you have or have you received code violations?YESNOAre there health and safety hazards in your home?YESNO

Are you without water, power, heat or basic kitchen and bathroom facilities? YES NO

Repairs needed:				
	Foundation Repair		Chimneys	
	Roofing		Heating System	
	Exterior Painting		Other Plumbing	
	Siding Repairs		Electrical	
	Exterior Doors		Insulation	
	Windows		Basic Kitchen Facilities	
	Porches or Outside Steps		Bathroom Facilities	
	Handicap accessibility repair		Other:	

**DISCLAIMER:** This Pre-application is being submitted to establish eligibility for assistance under the Housing Improvement Program in Watertown. I understand that additional documentation will be required and give permission for representatives of Neighbors of Watertown, Inc. to verify the information listed above.

Applicant Signature: