



# Housing Rehabilitation Program Pre-Application Form

## Head of Household

First Name

Last Name

Street Address

City

State

Zip

Primary Phone Number

Secondary Phone Number

Email

Is there a preferred time to contact you?

Total Household Annual Gross Income (Before taxes and deductions)

List all those living in the household and their birthdates:

List the work that needs to be done

How did you hear about the program?

Is there a particular program you are interested in?

CDBG - Housing Rehabilitation

IHDA - Home Repair and Accessibility Program

Lead-Based Paint Hazard Control Grant

Homeowner

Landlord - Rental unit (max of four per property)

Tenant

Ambucs Ramp

**I certify that the information provided above is true, complete, and accurate to the best of my knowledge. I understand that providing false representations herein may constitute an act of fraud. I acknowledge that the information provided is being used for the specific purpose of determining whether my household is eligible to receive assistance through the City of Bloomington Housing Rehabilitation Programs. I will fully cooperate to obtain or provide any necessary documents to confirm the information provided.**

Yes

## **Sign Here**

First Name

Last Name

Email

Signature:

I agree to sign and to create a legally binding contract between the other party and myself, or the entity I am authorized to represent.

## **Full Date**

Month

Day

Year

Please return this to the City of Bloomington Community Impact & Enhancement Department, Attn: Grants Management Division, 115 E. Washington St., P.O. Box 3152, Bloomington, IL 61702-3152

Or drop it by our office in the Government Center, 115 E. Washington St., Suite 201 (Front Street Side)