

## Community in Action

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### HOUSING REHABILITATION WAIT LIST APPLICATION

Name: \_\_\_\_\_ Phone : \_\_\_\_\_

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

Mailing Address if Different: \_\_\_\_\_ Email \_\_\_\_\_

# of People in Household: \_\_\_\_\_ Ages of Adults: \_\_\_\_\_ Ages of Children: \_\_\_\_\_

Are you 60 years of age or older? \_\_\_\_\_ Disabled? \_\_\_\_\_ Veteran? \_\_\_\_\_

Total Household Gross Income: Monthly \$ \_\_\_\_\_ Annually \$ \_\_\_\_\_

Approximate year your home was built: \_\_\_\_\_

Estimated assessed value of your home: \_\_\_\_\_

Estimated amount owed on your home: \_\_\_\_\_

Is your home a manufactured home? Yes\_ No\_\_ Do you own the land the home is on? Yes \_\_No \_\_

Is it on a permanent foundation? Yes\_\_ No \_\_

Home Repairs you need (describe the repair in detail):

Foundation \_\_\_\_\_

Siding \_\_\_\_\_

Dry Rot \_\_\_\_\_

Electrical \_\_\_\_\_

Plumbing \_\_\_\_\_

Roof/Gutters \_\_\_\_\_

Septic/Sanitation \_\_\_\_\_

Insulation \_\_\_\_\_

Doors/Windows \_\_\_\_\_

Special Needs \_\_\_\_\_

Painting \_\_\_\_\_

Structural \_\_\_\_\_

Flooring \_\_\_\_\_

Siding/Paint \_\_\_\_\_

Porches/Steps \_\_\_\_\_

Heating/Cooling \_\_\_\_\_

Other \_\_\_\_\_