



HOUSING REHABILITATION PROGRAM PROGRAM INTEREST/PRE-QUALIFICATION FORM

Name: _____

Address: _____

Telephone: _____ Email: _____

Please check the category that best describes your home:

Single-Family Home Mobile Home

Do you own your home? Yes No

Please disclose the name, age, and annual gross income for all persons living in the household:

	Name	Age	Annual Household Gross Income	Relationship to Applicant
1			\$	
2			\$	
3			\$	
4			\$	
5			\$	
6			\$	
7			\$	
8			\$	

Estimated Total Annual Gross Income (from all funding sources): \$. _____

By signing this form, I hereby acknowledge and understand that I will be added to the City of La Verne's Housing Rehabilitation Program Interest List, also that being added to this list is not an implied commitment of funding from the City. This program shall be implemented on a first come, first served basis, thus I am hereby advised that the City cannot guarantee if/when program assistance will be provided. I further acknowledge and understand that upon successful pre-qualification and selection for participation in this program, I will be required to complete a full program application that will require submission of supporting documentation to substantiate my household size and household income reported above.

Signature: _____
(Homeowner)

Date: _____

Signature: _____
(Homeowner, if applicable)

Date: _____