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**CITY OF GRAND RAPIDS**

**HOUSING Rehabilitation PROGRAMS**

**INTAKE**

|  |  |  |
| --- | --- | --- |
| Staff:       | Date:       | Application Provided (Y/N): Date: **[ ]** Mailed **[ ]**  Hand Delivered |
| Property Type: [ ]  Owner-Occupied [ ]  Rental Property |
| Property Address:       Zip Code:       |
| **Applicant** |
| Name:       | Daytime Phone:       |
| E-mail:        | Primary Language:       |
| Contact Address (if different):        |
| City:       State:       Zip Code:       |
| Corporate Name:        |
| How hear about this program?       |
| **Household Information**  |
| **Item** | **Owner –Occupied** |  **Rental Units #1 #2 #3 #4** |
| Total Household Members |       |       |       |       |       |
| Household Members Age 18 and Over |       |       |       |       |       |
| Age of Youngest Child (Pregnant Mother?) |       |       |       |       |       |
| Any Child with Elevated Blood Lead Levels? |       |       |       |       |       |
| Annual Household Income: |       |  |  |  |  |
| Currently involved in a bankruptcy?       |
| Owner occupied the home for the last 12 months (Y/N)?       | Periods of time the owner did not occupy the home: Why?       |
| **Property Information** |
| Year home purchased?       | Buying on a Land Contract?       |
| Mortgage on the property?       | Is the mortgage current (Y/N)?       |
| Property Taxes paid (Y/N)?       | Outstanding fees on the property?       |
| Property Insurance (Y/N)?       |  |
| **Project Information** |
| Previous Rehab Project (Y/N)?       |
| Requested repairs:       |
| Type of Project: [ ]  Home Repairs [ ]  Lead Paint Hazard [ ]  Repairs and Lead Paint  |
| Is there an issue with sewage (Y/N)?       | Does the furnace work (Y/N)?       |
| Urgent Need (Y/N)?       |