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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)? | | | | | | | |