



KENT COUNTY HOUSING REHABILITATION PROGRAM PRELIMINARY APPLICATION

You may submit this pre-application by mail to: KCCD, 82 Ionia Ave NW, Suite 390, Grand Rapids, MI 49503-3036, by Fax (616) 632-7405, or by clicking the submit button and following instructions.

APPLICANT

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Day Phone _____ E-mail _____

CO-APPLICANT

Name _____ Date of Birth _____

TYPE OF STRUCTURE Single Family Manufactured Other _____

NAMES ON PROPERTY TITLE _____

HOUSEHOLD MEMBERS

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____

In order to qualify for the County's Housing Rehabilitation Program, you must own and occupy your home and your household's gross annual income, from all sources, cannot exceed the amounts displayed in this table.

HOUSEHOLD SIZE	ANNUAL INCOME	HOUSEHOLD SIZE	ANNUAL INCOME
1	\$35,850	5	\$55,300
2	\$41,000	6	\$59,400
3	\$46,100	7	\$63,500
4	\$51,200	8	\$67,600

Your Household Size _____ Your Household Gross Annual Income _____

Briefly describe the repairs you are requesting.

For Kent County Use Only

Date Received _____

Approved Denied Emergency