

# Application for Rehab

To be completed by the homeowner and the agency facilitating rehab grant and repairs and submitted to the financial institution. Do not send to the FHLBI.

## Agency information

Agency:	
Contact:	Phone:

## Applicant information

Homeowner name:			
Street address:			
City, State, ZIP:			
Home phone:		Work phone:	
No. persons in household:	> 18 yrs:	> 55 yrs:	< 18 yrs:
Income verified by: <input type="checkbox"/> W-2s <input type="checkbox"/> Pay stubs <input type="checkbox"/> VOE <input type="checkbox"/> Other:			
Please list requested home repairs in priority order with estimated cost:			
1.			\$
2.			\$
3.			\$
4.			\$

## Disclosure/Privacy Statement

Services will be provided without discrimination. The agency indicated above is requesting information necessary to comply with the requirements of this program. I understand that the information on this form will be kept confidential but may be shared with other agencies to which I may be referred for services. I understand that I may be requested to verify these statements, and give my consent to this agency to make necessary contacts to verify any statements. I hereby certify that the above information is correct and true to the best of my knowledge.

\_\_\_\_\_

Homeowner signature \_\_\_\_\_  
Date

\_\_\_\_\_

Printed name