



# HOMEOWNER REHABILITATION PROGRAM PRE-APPLICATION FORM

HOME OWNER(S) NAME: \_\_\_\_\_  
*Last First Middle*

ADDRESS: \_\_\_\_\_  
*STREET CITY, STATE ZIP*

CONTACT INFORMATION: ( ) ( ) \_\_\_\_\_  
*Home Telephone Cell Email*

NUMBER OF PERSONS LIVING IN YOUR HOUSEHOLD \_\_\_\_\_  
*Adults and Children*

ARE THERE ANY MEMBERS OF YOUR HOUSEHOLD WITH A MENTAL OR PHYSICAL HANDICAP REQUIRING SPECIAL HOUSING ACCOMMODATION?  
 Yes  
 No

## INFORMATION ABOUT YOUR HOME

YEAR BUILT: \_\_\_\_\_

NUMBER OF YEARS YOU HAVE LIVED THERE: \_\_\_\_\_

### TYPE OF DWELLING:

### WHICH OF THE FOLLOWING DESCRIBES YOUR HOME?

- Townhouse
- Mobile Home
- Condo
- Duplex
- Single Family Detached

- Connected To Sewer
- Connected To A Septic Tank
- Private Well/Utilities

ARE THERE SEVERE LEAKS IN YOUR ROOF?  
 Yes  
 No

DOES YOUR HEATING AND A/C WORK?  
 Yes  
 No

## MORTGAGE AND OWNERSHIP

ARE YOUR MORTGAGE PAYMENTS AND TAX PAYMENTS CURRENT?  
 Yes  
 No

ARE YOU CURRENTLY IN BANKRUPTCY [INCL. CH 13]?  
 Yes  
 No

## INCOME INFORMATION

TOTAL GROSS ANNUAL HOUSEHOLD INCOME\*: \$ \_\_\_\_\_

*\*Income includes all money flowing into the household, regardless of age of recipient. Such things as self-employment wages, AFDC, alimony, Social Security Benefits, Pensions, Child Support, regular gifts from friends or family, money earned from providing services, and interest income from bank accounts or investments all must be disclosed.*

## CERTIFICATION

I Certify By Signing This Questionnaire, That The Information Stated Above Is True And Correct To The Best Of My Knowledge and I Realize That Giving False Information Will Result In Disqualifying Me From Assistance Of The Homeowner Rehabilitation Program.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

When Completed Mail, Email, Fax Or Hand Deliver To:



Gwinnett County Community Development Program  
446 West Crogan Street, Suite 275  
Lawrenceville, GA 30043  
[gchcd@gwinnettcountry.com](mailto:gchcd@gwinnettcountry.com); 678-518-6071 (fax)