



Housing and Community Development
 Rehabilitation Program
 525 East South Street, Orlando, FL 32801
 (407)836-5181, Fax (407) 836-0979

PRE-APPLICATION FOR HOUSING REHABILITATION

Note: Submittal of this application form will place you on our waiting list

Name: _____	Last Four Digits of Social Security #: _____
Address _____	Do you own this home: Yes _____ No _____
_____	Mobile/Modular/Manufactured Home? Yes _____ No _____
Mailing: _____	Do you have a Reverse Mortgage: Yes _____ No _____
_____	Are you Disabled: Yes _____ No _____
Phone #: _____	Prior Home Rehabilitation Service: Yes _____ No _____

Family Composition: *(List everyone residing in your household.)*

Name	Relationship	Last 4 digits of Social Security #	Date of Birth	Race	Sex
	Head				

Monthly GROSS INCOME: *(you must disclose all income).*

Employment	Head	Spouse	Other
Employment (incl. OT)	\$	\$	\$
Social Security			
SSI			
Pension			
V.A.			
Child Support/AFDC			
Other Source			
Total Gross Income	(A)	(B)	©

Official use only Total Annual Income (A+B+C)x 12

Brief Description of work/repairs needed:

Applicant Signature _____

Date _____