



## CITY OF WESTLAND HOUSING REHABILITATION LOAN PROGRAM INTAKE INFORMATION

Date Received: \_\_\_\_\_

Applicant(s) Name(s): \_\_\_\_\_

Property Address: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Numbers: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ Email \_\_\_\_\_

Names/Ages Household Members:

Applicant 1 \_\_\_\_\_ Age \_\_\_\_ Applicant 2 \_\_\_\_\_ Age \_\_\_\_

Child – Other \_\_\_\_\_ Age \_\_\_\_ Child – Other \_\_\_\_\_ Age \_\_\_\_

Child – Other \_\_\_\_\_ Age \_\_\_\_ Child – Other \_\_\_\_\_ Age \_\_\_\_

Child – Other \_\_\_\_\_ Age \_\_\_\_ Child – Other \_\_\_\_\_ Age \_\_\_\_

Annual Gross Household Income: \$ \_\_\_\_\_ Year Home Purchased/Occupied: \_\_\_\_\_

Desired improvement(s): Select only one category.

**Emergency Repairs:** ☐ Furnace Not Working, ☐ Hot Water Heater Not Working ☐ Roof Leaking

☐ Broken Windows ☐ Broken Entry Doors ☐ Broken Water Lines/Toilet

☐ Other; Describe; \_\_\_\_\_

**Substantial Rehabilitation:** (Max of \$24,999.00) List items you would like done. Home is subject to a lead inspection and must be brought up to Property Maintenance Standards. List requests.

\_\_\_\_\_  
\_\_\_\_\_

<u>Type of Mortgage/Monthly Amount:</u>	<u>Assets Over \$25,000.00</u> ____ Yes ____ No	<u>Taxes/ Water /Insurance Current:</u> ____ Yes ____ No
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### To Be Completed by Community Development Specialist

Limited Rehabilitation ☐

Emergency Rehabilitation ☐

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Terminated (reason): \_\_\_\_\_