



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): _____