



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.

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

Limited Rehabilitation

Emergency Rehabilitation

Comments: _____

Terminated (reason): _____