



Housing and Neighborhood Programs
Home Repair Assistance Questionnaire



Date: _____ Type of Assistance: _____

Applicants Name: _____

Home Phone #: _____ Cell #: _____

Applicants Address: _____

Age of Applicant _____ Household (All Adult Members) Income _____

Number of people in Household _____

Race/Ethnicity _____

Gender _____

Year house was built _____ # of Bedrooms _____ # of Bathrooms _____

Is the applicant disabled? YES or NO

Does applicant own their home? YES or NO

Does applicant have insurance? YES or NO Is so, List Company _____

Type of Assistance Requested: Roof, Plumbing (exterior, sewer line, water line, Electrical 200amp service)

Three horizontal lines for providing details on the type of assistance requested.

Staff Signature _____

Date _____

Technician Assigned: _____

Inspector: _____