



**CITY OF LOCK HAVEN
Owner-Occupied Housing Rehabilitation Program**

PRE-QUALIFICATION FORM

Lock Haven has applied for and received HOME Investment Partnership Program funds for a Single Family, Owner-Occupied Housing Rehabilitation Program within the City. Completion of this pre-qualification form puts you on a waiting list for services.

We thank you for your participation, and ask that the Pre-Qualification Form be completed and returned to the City of Lock Haven, City Planning Office, 20 East Church Street, Lock Haven, PA 17745. Your response will be confidential and used only to document the need for funding.

1. Name: _____

Address: _____

Telephone Number: () _____ (Home)

Telephone Number: () _____ (Work)

2. Do you live in Lock Haven City? _____ Yes _____ No

3. Do you own your home? _____ Yes _____ No

If yes, date of ownership: _____

4. Is this your permanent, year-round home? _____ Yes _____ No

5. Homeowner(s) Age: _____

6. How many people live in your household? _____

7. Approximate age of your house? _____ Years

8. Based on the household size, please circle the total household income limit from the listed below that best describes your total household income:

FAMILY SIZE	TOTAL HOUSEHOLD INCOME IS UNDER:	
	VERY LOW	LOW INCOME
1	\$ 20,100	\$ 32,100
2	\$ 22,950	\$ 36,700
3	\$ 25,800	\$ 41,300
4	\$ 28,650	\$ 45,850
5	\$ 30,950	\$ 49,550
6	\$ 33,250	\$ 53,200
7	\$ 35,550	\$ 56,900
8	\$ 37,850	\$ 60,550

9. Ethnicity: (select only one)

Hispanic

Non-Hispanic

10. Race: (select one or more)

American Indian or American Native

Asian

Black or African American

Native Hawaiian or Pacific Islander

White

11. Female Headed Household: Yes No

12. Disabled: Yes No

Signature: _____ Date: _____

THANK YOU FOR YOUR COOPERATION