

CITY OF LOCK HAVEN
Owner-Occupied Housing Rehabilitation Program

PRE-QUALIFICATION FORM

Lock Haven has applied for and received a grant to fund a homeowner 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. Your age? _____

6. How many people live in your household? _____

7. Approximate age of your house? _____ Years

8. Does your family income fall under the income limits set below? _____ Yes _____ No

<u>FAMILY SIZE</u>	<u>TOTAL FAMILY INCOME IS UNDER</u>
1	\$31,850
2	\$36,400
3	\$40,950
4	\$45,500
5	\$49,150
6	\$52,800
7	\$56,450
8	\$60,100

9. Are you in need of making major home repairs? _____ Yes _____ No

THANK YOU FOR YOUR COOPERATION