



HOME REHABILITATION APPLICATION

Instructions: Please complete all information below. Return the application form no later than March 1, 2007. Applications may be mailed to HFH, P.O. BOX 1720, Hollister, CA 95024 or faxed (831) 635-9904. No late applications will be accepted.

Contact Information

Name	
Street Address	
City, State, ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

About Your Home


Do you (check one only)	<input type="checkbox"/>	Own your home	<input type="checkbox"/>	Rent or lease home
What type of home do you live in? (check one only)	<input type="checkbox"/>	Single family home		
	<input type="checkbox"/>	Townhouse/condo		
	<input type="checkbox"/>	Duet home		
	<input type="checkbox"/>	Apartment		
	<input type="checkbox"/>	Other (please describe):		


About the Members in Your Household

Names of Household members	Owner of home?		Age 60 or older?		Annual Income
	Yes	No	Yes	No	

If more space required, list information on the back of the application. All information about household members is subject to verification. Failure to provide requested documents to verify information provided by applicant will result in your disqualification from the program.

Tell us more about your home

 Place a check mark in the box for each of the items below that apply to your home:

<input type="checkbox"/>	Roof is more than 10 years old	<input type="checkbox"/>	Exterior of home needs painting
<input type="checkbox"/>	Foundation has cracks	<input type="checkbox"/>	No earthquake bracing on foundation
<input type="checkbox"/>	Knob and tube wiring in home	<input type="checkbox"/>	Other electrical problems
<input type="checkbox"/>	Plumbing problems	<input type="checkbox"/>	Water damage in bathroom(s)
<input type="checkbox"/>	Single pane windows	<input type="checkbox"/>	Other problem: explain below 

Sign and date the application and return to HFH (see instructions at the top of page 1)

Applicant's signature		Date	
Applicant's signature		Date	

OFFICE USE- DO NOT WRITE IN THE SPACE BELOW

Applicant owns home; verified by County assessor's office records by _____ on _____
Initials Date

Income qualified: Maximum annual income based on number of family members: \$ _____

Annual income for 2005 (write in amount and source of documentation): _____

Annual income for 2006 (write in amount and source of documentation): _____

Projected annual income for 2007: (write in amount and source of documentation): _____

Age 60 or older; (write in source of verification): _____

Applicant is (check one): Eligible Not eligible (write down reason): _____

Reviewed and approved by HFH: _____
Name Date