



APPLICATION FOR RESIDENTIAL REBATE PROGRAM

1. Name of Homeowner: _____ Date: _____
2. Property Address: _____
3. Telephone: (Home) _____ (Business) _____
4. Total Number of Related Persons in Household (including yourself): _____

List household members other than yourself:

<u>Name</u>	<u>Age</u>	<u>Income</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

5. Total Annual Household Income: _____ (Latest income tax return will be required).
- | | |
|--|---|
| a. Last year's wages and/or Salaries \$ _____
b. Social Security \$ _____
c. Supplemental Security _____
d. Interest on Savings \$ _____
e. Dividends from Stocks & Bonds \$ _____ | f. Rental Income \$ _____
g. Pension and/or Retirement Benefits \$ _____
h. Welfare and/or County Aid \$ _____
i. Disability Insurance \$ _____
j. From Family \$ _____ |
|--|---|

Other Source(s): _____ Amount: \$ _____

6. How long have you owned the proposed property to be improved? _____ Years: _____
7. Is there a mortgage? _____

8. THE QUESTIONS IN THIS BOX PERTAIN TO THE HEAD OF HOUSEHOLD

Name (if same as Homeowner, write "same"): _____

Age: _____ () Male _____ () Female _____

- | | |
|--|--|
| <input type="checkbox"/> White
<input type="checkbox"/> Black/African American
<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> American Indian or Alaska Native AND White
<input type="checkbox"/> Asian AND White
<input type="checkbox"/> Black/African American AND White
<input type="checkbox"/> American Indian/Alaska Native AND Black/African American
<input type="checkbox"/> Other: _____ |
|--|--|

- HISPANIC/LATINO ETHNICITY** () Yes () No
- | | |
|---|---|
| <input type="checkbox"/> Yes, Mexican/Chicano
<input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Cuban
<input type="checkbox"/> Yes, Other Hispanic/Latino: _____ |
|---|---|

Is anyone in your household physically handicapped or disabled? () Yes () No

If yes, explain handicap: _____

9. Briefly list improvements you wish done: _____

10. Estimate of Total Cost: _____

IMPORTANT

Do not begin any work to be approved under this program without written authorization from the City.

I herby certify that all above information is complete, accurate, and true.

I understand that this information is subject to verification by authorized government officials.

_____ Date

_____ Signature of Homeowner