



# Housing Rehabilitation Program Pre-Application Form

## Head of Household

First Name

Last Name

## Address

Street Address

City

State

Zip

Primary Phone Number

Secondary Phone Number

Email

Is there a preferred time to contact you?

Total Household Annual Gross Income (Before taxes and deductions)

List all those living in the household

List the work that needs to be done

How did you hear about the program?

Is there a particular program you are interested in?

CDBG – Housing Rehabilitation

IDHA – Housing Rehabilitation and Accessibility program

Lead Hazzard Control Grant

ARPA Housing Rehabilitation Grant

**I certify that the information provided above is true, complete, and accurate to the best of my knowledge. I understand that providing false representations herein may constitute an act of fraud. I acknowledge that the**

information provided is being used for the specific purpose of determining whether my household is eligible to receive assistance through the City of Bloomington Housing Rehabilitation Program. I will fully cooperate to obtain or provide any necessary documents to confirm the information provided.

Yes

## Sign Here

First Name

Last Name

Email

Signature:

I agree to sign and to create a legally binding contract between the other party and myself, or the entity I am authorized to represent.

### Full Date

Month

Day

Year

Please return this to the City of Bloomington Economic and Community Development Department, Attn: Office of Grants Administration, 115 E. Washington St., P.O. Box 3152, Bloomington, IL 61702-3152

Or drop it by our office in the Government Center, 115 E. Washington St., Suite 201 (Front Street Side)