CITY OF IMPERIAL

Single Family Housing Rehabilitation Loan Program

PRELIMINARY APPLICATION INFORMATION

1. Date of Application:_____Telephone Number: ( ) _____
2. Applicant's Name:_____SS #_____
3. Co-Applicant's Name:_____SS#_____
4. Home Address:_____Zip Code:_____
5. 1st Mortgage Bal. $_____2nd Mortgage Bal. $_____
6. City of Imperial resident (number of Years):_____Year House was Built:_____
7. Nature of Repairs: (use additional paper if necessary)_____
8. Occupation: Applicant_____Co-Applicant_____
9. Are you 65 or over?_____S.Sdisabled?_____Head of Household?_____
10. Number persons in Household:_____Adults 18 or older:_____Children under 17_____
11. Gross Annual Income of all adults in Household:$_____
12. I currently: Own home_____Rent_____Other_____
13. My home is
    - _____Single family resident
    - _____Townhouse
    - _____Condominium
    - _____Other_____
    - _____Manufactured House
    - _____Duplex
    - _____Rental

I/We certify that all the statements on this preliminary application are true and correct. I/we understand that any willful misstatement of material fact may be grounds for disqualification.

Applicant: _____Date_____

Co-Applicant:_____Date_____

For further information, please contact: Gracie Hauvermale, 1-760-355-3335, e-mail: ghauvermale@cityofimperial.org

Please return application to City of Imperial, 420 South Imperial Avenue, Imperial, CA 92251. Attn: Gracie Hauvermale, or fax 1-760-355-4718.

EQUAL HOUSING OPPORTUNITY