



**PRE-APPLICATION CARD
DEKALB COUNTY SPECIAL PURPOSE HOME REPAIR PROGRAM
DEKALB COUNTY COMMUNITY DEVELOPMENT DEPARTMENT**

NAME: _____

ADDRESS: _____ CITY _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK: _____ CELL: _____

DATE OF BIRTH: _____ HOUSEHOLD COMPOSITION (HOW MANY PERSONS LIVE IN YOUR HOME?) _____

ARE YOU DISABLED YES NO

TITLE OF PROPERTY IN NAME OF: _____

HAVE YOU EVER RECEIVED A GRANT OR LOAN TO REPAIR YOUR HOME FROM US? YES NO IF YES, WHEN _____

HOW LONG HAVE YOU OWNED YOUR HOME? _____

PLEASE COMPLETE BOTH SIDES

**RETURN TO: DEKALB COMMUNITY DEVELOPMENT DEPARTMENT
750 COMMERCE DRIVE, SUITE 401
DECATUR, GA 30032
ATTENTION: SPECIAL PURPOSE HOME REPAIR**



**THIS PROGRAM IS FUNDED BY THE U.S. DEPARTMENT of HOUSING & URBAN DEVELOPMENT
COMMUNITY DEVELOPMENT BLOCK GRANT**

SOURCE OF INCOME: _____

(EXAMPLES Social Security, Pensions, Annuities, VA Benefits, Employment, Income from Assets, Checking, Savings and Any other source of income)

ANNUAL GROSS INCOME OF HOUSEHOLD BEFORE DEDUCTIONS (such as taxes & insurance): _____

(include total income of ALL persons 18 and over living in the home)

***HOMEOWNER'S WHO PREVIOUSLY RECEIVED HOMEOWNER REPAIR OR REHABILITATION ASSISTANCE, ARE NOT ELIGIBLE FOR THIS PROGRAM ***

SIGNATURE: _____

Date: _____

Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency in order to receive federal funds.

