



**PRE-APPLICATION CARD
DEKALB CARES PLUMBING REPAIR PROJECT
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
178 Sam Street Suite A-3500
Decatur, GA 30030
ATTENTION: DeKalb CARES PLUMBING REPAIR**



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)

***HOMEOWNERS WHO PREVIOUSLY RECEIVED HOMEOWNER REPAIR OR REHABILITATION ARE NOT ELIGIBLE FOR THIS PROGRAM ***

SIGNATURE: _____ Date: _____

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