NEIGHBORS OF WATERTOWN, INC. 112 FRANKLIN STREET • WATERTOWN, NY 13601 Phone: (315) 782-8497 • Fax: (315) 782-0102

http://www.neighborsofwatertown.com

CITY WIDE OWNER OCCUPIED REHABILITATION PROGRAM PRE APPLICATION

	INITIAL AF	PPLICATIO	N ,				
Name:			Telephone #:				
Address:		•					
City:	State:			Zip:			
Number of Total Units or Apts.	In this Building:						
Number of People In Your Household:		# of People over Age 62 yrs.:					
# of People with Disabilities:		# of People Retired:					
Are you a Single Parent with Minor Children?		Yes			No		
Are you a Single Female Head of Household?			Yes		No		
	Househo						
	l Members who are over 18, th	eir source	of Income	and Mont			
Name:	Source:				Gross Monthly Income:		
	House Evenues (Ov			- 0)			
Monthly Mortgage Payment:	Housing Expenses (Ov	_	ate Taxes:				
Homeowner's Insurance Am							
	TENANT IN	IFORMATIC	ON				
List the Names of All Tenants who occupy apartments in this property:							
PLEASE LIST REPAIRS N	PREVIOUS FEDERAL OR STATE ASSISTANCE: Has any work been done at this property in the past, if YES describe:						
Foundation Repair	Chimneys	Date:	Work I			Cost:	
Roofing	Heating System						
Exterior Painting	Other Plumbing						
Siding Repairs	Electrical						
Exterior Doors	Insulation						
Windows	Basic Kitchen Facilities						
Porches or Outside Steps	Bathroom Facilities						
	Signa	TURES:					
This Pre-application is being submitted to establish eligibility for assistance under the Housing Improvement Program in Watertown. I understand that additional documentation will be required and I give permission for representatives of Neighbors Of Watertown, Inc. to verify the information listed above.		Signature	e: 				