

**Neighbors of Watertown
RENTAL REHABILITATION PROGRAM**

PREAPPLICATION

APPLICANT INFORMATION		Date:	Case No:
Name:		Phone:	
Address:			
PROPERTY INFORMATION			
Address:			
Number of Housing Units:		Occupied:	Vacant:
Section/Block/Lot No:		Current Assessment:	
Equalization Rate:		Calculated Full Value:	
TENANT INFORMATION			
List the names of all tenants who occupy apartments in this property and provide documentation of Tenant Eligibility for each household. Attached? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Name:	Apt. No:	Phone:	
Name:	Apt. No:	Phone:	
Name:	Apt. No:	Phone:	
Name:	Apt. No:	Phone:	
PROPOSED IMPROVEMENTS			
List any problems in the property and other improvements proposed for inclusion in the project to be considered for assistance under the Rental Rehabilitation Program in Watertown:			
This Pre-application is being submitted to establish eligibility under the Rental Rehabilitation Program in Watertown. I understand that additional documentation will be required and give permission for representatives of Neighbors of Watertown to contact the employers listed above to verify information.		Signed: _____	