

**RESIDENTIAL REHABILITATION PROGRAM APPLICATION
(FOR SINGLE FAMILY DETACHED DWELLING UNITS)**

EMERGENCY REHABILITATION PROGRAM APPLICATION

1. HOUSEHOLD INFORMATION

| | | | | | |
|--------------------------|-----------|------------|------|---------------------|---------------|
| ////////// ////////// | Last Name | First Name | M.I. | Social Security No. | Date of Birth |
| Applicant: | | | | | |
| Co-Applicant: | | | | | |

| Names of Other Household Members | Relationship | Social Security No. | Age |
|----------------------------------|--------------|---------------------|-----|
| | | | |
| | | | |
| | | | |
| | | | |

| | | | |
|----------------|------|----------------|-------------------|
| ////////// | Home | Applicant Work | Co-Applicant Work |
| Phone: | | | |
| Pager or Cell: | | | |

2. RESIDENCE INFORMATION

| | |
|--|--|
| Present Address: | |
| Legal Description or Property Control Number : | |

| |
|--|
| Is your principal residence at the above address? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How long have you resided at the above address? _____ years _____ months |
| Number of rooms: _____ bedrooms _____ bathrooms |

3. EMPLOYMENT INFORMATION / For Applicant

| | | | |
|---|--|--|--|
| <input type="checkbox"/> Employed <> <input type="checkbox"/> Self-employed <> <input type="checkbox"/> Retired <> <input type="checkbox"/> Disabled <> <input type="checkbox"/> Unemployed | | | |
| Employer: | | Position Title: | |
| Type of business: | | When began: | |
| Phone: | | When ended: | |
| Address: | | Note: If disabled or unemployed, provide information on last employer. | |

Employment Information for Co-applicant

| | | | |
|---|--|--|--|
| <input type="checkbox"/> Employed <> <input type="checkbox"/> Self-employed <> <input type="checkbox"/> Retired <> <input type="checkbox"/> Disabled <> <input type="checkbox"/> Unemployed | | | |
| Employer: | | Position Title: | |
| Type of business: | | When began: | |
| Phone: | | When ended: | |
| Address: | | Note: If disabled or unemployed, provide information on last employer. | |

Employment Information for Other Household Member / Name:

| | | | |
|---|--|--|--|
| <input type="checkbox"/> Employed <> <input type="checkbox"/> Self-employed <> <input type="checkbox"/> Retired <> <input type="checkbox"/> Disabled <> <input type="checkbox"/> Unemployed | | | |
| Employer: | | Position Title: | |
| Type of business: | | When began: | |
| Phone: | | When ended: | |
| Address: | | Note: If disabled or unemployed, provide information on last employer. | |