

Preliminary Application

CITY OF COVINA RESIDENTIAL REHABILITATION PROGRAM

1. Name: _____
2. Address: _____
City: _____ Zip Code: _____
3. Telephone: _____ Mobile: _____
4. Number of persons living full-time in the residence to be repaired: _____
5. Annual gross income (include income of **all persons** over 18 years of age who live in the residence to be repaired):

<u>More than:</u>	<u>but Less than:</u>	<u>Check only one</u>
\$ - 0 -	\$ 45,650	[]
\$ 45,651	\$ 52,200	[]
\$ 52,201	\$ 58,700	[]
\$ 58,701	\$ 65,200	[]
\$ 65,201	\$ 70,450	[]
\$ 70,451	\$ 75,650	[]

6. Is the residence to be repaired owner occupied? Yes [] No []
7. Has this household previously applied for assistance under this program? Yes [] No []
8. I certify to the best of my knowledge that the above statements are true.

Applicant's Signature

Date

9. Briefly describe the type of rehabilitation work requested (be specific and detailed):

A. _____
B. _____
C. _____
D. _____
E. _____

Return Preliminary Application to:

City of Covina
Housing Division
125 E. College Street
Covina, CA 91723

For additional information, please call: (626) 384-5442

Date of initial contact for program assistance: _____

Funding for this program is received from the U.S. Department of Housing and Urban Development (HUD) through the Community Development Block Grant (CDBG) program.