



Preliminary Application

CITY OF COVINA RESIDENTIAL REHABILITATION PROGRAM

1. Name: _____

2. Address: _____

City: _____ Zip Code: _____

3. Telephone: _____ Mobile: _____

4. E-mail Address: _____

5. Number of persons living full-time in the residence to be repaired: _____

6. Annual gross income (2016) (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 -	\$ 48,650	[]
\$ 48,651	\$ 55,600	[]
\$ 55,601	\$ 62,550	[]
\$ 62,551	\$ 69,450	[]
\$ 69,451	\$ 75,050	[]
\$ 75,051	\$ 80,600	[]

7. Is the residence to be repaired owner occupied? No [] Yes []

8. Has this household previously applied for assistance under this program? No [] Yes [] Year _____

9. Has this program assistance been provided previously at this address? No [] Yes [] Year _____

10. Do household assets exceed \$25,000 (do not include home and auto) No [] Yes []

11. I certify to the best of my knowledge that the above statements are true.

Applicant's Signature

Date

12. 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.