



CITY OF WINONA

PRELIMINARY REHABILITATION APPLICATION

2015 SCDP EAST END NEIGHBORHOOD REHABILITATION PROGRAM

The regulations for programs assisting in financing rehabilitation of homes require income verification of applicants. The information will only be used to determine eligibility and would only be released to individuals who are required to review files.

Form with fields for Date, Daytime Telephone, Home Number, Applicant #1, Applicant #2, Property Address, Household Size, How long have you lived in the home?, and Was the home previously foreclosed upon (within the two year?).

Form titled 'How many children live in the home?' with columns for Name and Date of Birth, and multiple rows for entry.

TOTAL ANNUAL INCOME IN THE HOUSEHOLD

(**Current** Gross Income, Wages, Commission, Tips, Over-time, self-employment, child support, rental income, social security, retirement, etc.)

\$ _____

The kinds of improvement needed on the home:

Have you ever had a home improvement loan through the City? Yes No
If yes, please state which program and when the assistance was provided:

I/we certify that all statements on this pre-application are true and correct to the best of my/our knowledge.

I /we understand that any intentional misstatements will be grounds for disqualification.

Applicant: _____
(Signature)

Date: _____

Co-Applicant: _____
(Signature)

Date: _____

