

PRE-APPLICATION FOR HOUSING DIVISION ASSISTANCE



City of Greenville- Housing Division
201 West 5th Street, P.O. Box 7207
Greenville, NC 27835-7207

Office: (252) 329-4481; Fax: (252) 329-4631



THE USE OF WHITE OUT IS PROHIBITED

NOTE: This application will place you on our waiting list.

Name: _____
 Name: _____
 Address: _____

 Mailing Address: _____

 Home #: _____
 Cell #: _____
 Best time to call: _____
 E-mail _____

Is this residence a mobile home? Yes No
 Do you own this house? Yes No
 Have you owned this house for more than one year?
 Yes No
 Have you previously applied for assistance?
 Yes No
 If yes, When? _____

Type of Assistance Requesting:
 Housing Rehabilitation
 Purchase Assistance

Household Composition *(List # of persons who reside in this house)*

Total # of Persons:	Total Persons > 18:	Total Persons < 18:
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Household Annual Income *(please check)*

Range of Income	< 10K	10K - < 20K	20K - < 30K	30K - < 40K	40K - < 50K	> 50K
Household Income						

Check all that apply:

Type of Assistance Needed			
Plumbing upgrade <input type="checkbox"/>	Heating/Air <input type="checkbox"/>	Siding <input type="checkbox"/>	Flooring <input type="checkbox"/>
Electrical upgrade <input type="checkbox"/>	Roof <input type="checkbox"/>	Insulation <input type="checkbox"/>	Lead Paint <input type="checkbox"/>
Weak Floor System <input type="checkbox"/>	Porch Repairs <input type="checkbox"/>	Handicap Accessibility <input type="checkbox"/>	Other: _____

This information is not shared with outside parties except for auditing purposes.

Applicant Signature: _____ Date: _____

STAFF ONLY:

Taxes: _____
 Flood Plain: _____
 Parcel #: _____

DATE RECEIVED IN HOUSING

