

Home Repair Pre-Qualification Questionnaire

Date: _____

Name: _____

Address: _____

Phone: _____

County: Randolph _____
For 2009, applicant must live in Randolph County.

Ownership: Deed _____ Life Estate _____
Applicant must own the home.

Type of Home: Single Family _____ Other _____
Apartment buildings do not qualify.

Years Owned: _____
If less than one year, stop. (Must own one year prior to assistance. If necessary, Obtain closing date for better determination)

Family Size: _____

Annual Income: _____
Estimated

If all of the above items are satisfied, staff will schedule an appointment and provide the applicant with a list of items needed for the application.

For additional information, please call Carol Cain at (304)636-6495 x33.