

CITY OF BELOIT

PRE-APPLICATION FOR HOUSING REHABILITATION (Complete Front & Back) **COMPLETE AND RETURN WITH THE REQUIRED INFORMATION TO MITCHELL COUNTY COMMUNITY DEVELOPMENT DIRECTOR**

APPLICANT & SPOUSE'S NAME: _____

ADDRESS: _____

TELEPHONE: (HOME:) _____ (WORK) _____

HOUSEHOLD COMPOSITION (list the head of your household and all members who live in your home. **Give relationship to head of household, such as Spouse, son, daughter, male friend, female friend, etc.** More room? – Continue on back of this page.

	Full Name	Relationship	Age
1			
2			
3			
4			
5			
6			
7			

1. Total number in your household: _____ Is everyone listed? _____
 If not, please explain: _____

2. Are there any Disabled persons in your household? Yes () No () Number () (a disabled person is defined as a person "who has a physical or mental impairment which substantially limits one or more of the person's major life activities, has a record of such impairment or is regarded as having such an impairment") **Place an (*) by the name of the disabled person(s).**

3. Ethnic/Racial Background of Primary Income Earner (please check one):

- WHITE
 BLACK/AFRICAN AMERICAN
 BLACK/AFRICAN AMERICAN & WHITE
 AMERICAN INDIAN/ALASKA NATIVE
 ASIAN
 ASIAN & WHITE
 AMERICAN INDIAN/ALASKAN NATIVE & WHITE
 AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN
 NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
 BALANCE/OTHER

4. Ethnicity: Hispanic Non-Hispanic

5. Is the head of the household Female? () No () Yes

6. Does the same child (age 6 or under) visit in your home for more than 3 hours a day at least 2 days of each week ? () Yes () No (this is needed for the lead paint rules)

7. INCOME ELIGIBILITY

Name & address of employers of the household members: _____

Proper verification of this income must be furnished. Include ALL HOUSEHOLD income of members over 18.

