



HOME REHABILITATION PROGRAM
WAITING LIST APPLICATION

CITY OF BELLINGHAM
Planning and Community Development Department
Community Development Division
210 Lottie Street (City Hall)
Bellingham, WA 98225

Phone: (360) 778-8391
e-mail: lmanos@cob.org
WA State Relay 711

Please print or type

NAME: BIRTH DATE:
ADDRESS: PHONE: (H) (W)
CURRENT EMPLOYER: OCCUPATION:
ESTIMATED GROSS ANNUAL INCOME, THIS YEAR: LAST YEAR:

CO-OWNER/SPOUSE: BIRTH DATE:
ADDRESS: PHONE: (H) (W)
CURRENT EMPLOYER: OCCUPATION:
ESTIMATED GROSS ANNUAL INCOME, THIS YEAR: LAST YEAR:

Number of Household members (including yourself):
Address of property to be repaired/improved:
If property is a rental, indicate number of units:
Balance owed on property: Balloon payment: Yes No Due
Estimated value of property: Date purchased:

DESCRIBE ANY WORK WHICH NEEDS TO BE DONE IN THE FOLLOWING AREAS:
FOUNDATION:
ROOF/GUTTERS:
ELECTRICAL:
PLUMBING:
HEATING:
BATHROOM KITCHEN REPAIRS:
OTHER REPAIRS:
ESTIMATED COST OF REPAIRS (Approx.):

If additional room is needed to list the repairs/improvements, please use the back of this form.
How did you hear about the program?
To the best of my knowledge, all of the above information is accurate.

SIGNATURE: DATE:

All the information contained in this form will be kept in the strictest confidence by the Home Rehabilitation Program staff. No other parties will have access to this information, unless expressly permitted.

Program Coordination with the Opportunity Council.

The City of Bellingham's Home Rehab Program will often coordinate with the Opportunity Council on our Home Rehab Loans for issues such as weatherization, energy efficiency and education as well as lead-based paint remediation

If you are interested in coordinating with the Opportunity Council, please sign the Consent of Mutual Exchange and Release of Information below. We will then share your waiting list application with the Opportunity Council, and they will confirm your eligibility for their programs.

Consent of Mutual Exchange and Release of Confidential Information

I, _____, authorize the mutual exchange of information from my records between the City of Bellingham Home Rehabilitation Program and the Opportunity Council's Home Improvement Department (weatherization and other energy-conservation and repair programs). This information will be used to determine potential eligibility for these programs, give me referrals to other agencies or programs, and provide status updates or general information. This authorization expires when I'm no longer participating in the Home Rehab Program, my HRP loan is closed, or 180 days after the last date of signature.

I understand that my records are protected by Washington State laws and Federal Privacy and Confidentiality Rules (42 CFR part 2). I have read and understand this consent agreement. I have had the opportunity to ask questions about the use and disclosure of my information. I understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires as described above.

Signature: _____ Date: _____

If you have questions regarding the release of confidential information, please give me a call, Lisa Manos, Housing Programs Specialist 360-778-8391 e-mail lmanos@cob.org