

**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

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.