

RENTAL REHABILITATION PROGRAM – WAITING LIST APPLICATION

City of Bellingham, Community Development

210 Lottie Street

Bellingham, WA 98225

360-778-8391

PLEASE PRINT OR TYPE

Name: _____ Phone: (H) _____ (W) _____

Address: _____

Current Employer: _____ Occupation: _____

Co-Owner/Spouse: _____ Phone: (H) _____ (W) _____

Address: _____

Current Employer: _____ Occupation: _____

Address of property to be repaired/improved: _____

Indicate number of rental 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 area:

Foundation: _____

Roof/gutters: _____

Electrical: _____

Plumbing: _____

Heating: _____

Bathroom/kitchen remodeling: _____

Other repairs: _____

Estimated cost of repairs (if known) _____

If additional room is needed to list repairs/improvements, please use the back of this form.

To the best of my knowledge, all of the information I have provided in this form is correct.

Signature: _____ Date: _____

All the information contained in this form will be kept in the strictest confidence by the Rental Rehabilitation Program staff. No other parties will have access to this information.