

**TOWN OF BLOOMSBURG  
OWNER-OCCUPIED HOUSING REHABILITATION PROGRAM**

**PREQUALIFICATION FORM**

The Town of Bloomsburg has applied for and received a grant to fund a homeowner housing rehabilitation program within the Town, specifically the area impacted by Tropical Storm Lee. Completion of this pre-qualification form puts you on a waiting list for service.

We thank you for your interest, and ask that the Pre-Qualification Form be completed and returned to SEDA-Council of Governments, using the prepaid, self-addressed envelope. If you have any questions while completing this form, please call Sue Goddard at SEDA-Council of Governments at 1-800-326-9310. Your response will be confidential and used only to document the need for funding.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: (     ) \_\_\_\_\_ (Home)

Telephone Number: (     ) \_\_\_\_\_ (Work)

Best time to call: Day(s): \_\_\_\_\_ Time: \_\_\_\_\_

2. Do you live in Bloomsburg? \_\_\_\_\_ Yes \_\_\_\_\_ No

In which ward do you live? \_\_\_\_\_

4. Do you own your home? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, date of ownership: \_\_\_\_\_

5. What name is the deed listed under? \_\_\_\_\_

6. Is this your permanent, year-round home? \_\_\_\_\_ Yes \_\_\_\_\_ No

7. Your age? \_\_\_\_\_ Spouses age? \_\_\_\_\_

8. How many people live in your household? \_\_\_\_\_

9. Approximate age of your house? \_\_\_\_\_ Years

10. Are you current on your municipal services; ie sewer, water, etc.? \_\_\_\_\_ Yes \_\_\_\_\_ No

11. Are you current on your county, school, borough, and personal taxes? \_\_\_\_\_ Yes \_\_\_\_\_ No

(OVER)

12. Does your total family income fall under the income limits set below? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Please circle your household income.

<u>FAMILY SIZE</u>	<u>TOTAL FAMILY INCOME IS UNDER</u>
1	\$ 31,850
2	\$ 36,400
3	\$ 40,950
4	\$ 45,500
5	\$ 49,150
6	\$ 52,800
7	\$ 56,450
8	\$ 60,100

13. Are you in need of making major home repairs? \_\_\_\_\_ Yes \_\_\_\_\_ No

14. Do you or does any member of your household have a disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

15. Have you received any monetary aid from:

FEMA	_____	If so the amount:	\$ _____
PEMA	_____	If so the amount:	\$ _____
Insurance	_____	If so the amount:	\$ _____

**THANK YOU FOR YOUR COOPERATION.**

=====

**FOR THE TOWN OF BLOOMSBURG / SEDA COUNCIL OF GOVERNMENTS USE**

**Date Received:** \_\_\_\_\_

**Time Received:** \_\_\_\_\_

**Project #:** \_\_\_\_\_