

GENESEE COUNTY HOME IMPROVEMENT PROGRAM  
INITIAL INQUIRY

DATE \_\_\_\_\_

JOB NUMBER \_\_\_\_\_

**APPLICANT DATA**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE (H) \_\_\_\_\_ (C) \_\_\_\_\_

HOUSEHOLD INCOME \_\_\_\_\_

NUMBER IN HOUSEHOLD \_\_\_\_\_

**PROPERTY DATA**

LOCATION \_\_\_\_\_  
(city/township/village)

HAVE YOU OWNED & LIVED IN THE HOME AT LEAST ONE YEAR? yes \_\_\_\_\_ no \_\_\_\_\_

TAXES PAID TO DATE? yes \_\_\_\_\_ no \_\_\_\_\_

MORTGAGE CURRENT? yes \_\_\_\_\_ no \_\_\_\_\_

HOMEOWNER'S INSURANCE? yes \_\_\_\_\_ no \_\_\_\_\_

TYPE OF REPAIRS NEEDED \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**OCCUPANCY DATA**

OWNER OCCUPIED yes \_\_\_\_\_ no \_\_\_\_\_

PRELIMINARY DETERMINATION OF ASSISTANCE ELIGIBILITY yes \_\_\_\_\_ no \_\_\_\_\_

DATE APPLICATION MATERIALS MAILED \_\_\_\_\_

**HOW DID YOU HEAR ABOUT THE HIP PROGRAM?** \_\_\_\_\_