

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 _____

REVERSE MORTGAGE? 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? _____