



## CITY OF GRAND RAPIDS HOUSING REHABILITATION PROGRAMS

### INTAKE

Staff:	Date:	Application Provided (Y/N): Date: <input type="checkbox"/> Mailed <input type="checkbox"/> Hand Delivered			
Property Type: <input type="checkbox"/> Owner-Occupied <input type="checkbox"/> Rental Property					
Property Address:		Zip Code:			
Applicant					
Name:			Daytime Phone:		
E-mail:			Primary Language:		
Contact Address (if different):					
City:		State:		Zip Code:	
Corporate Name:					
How hear about this program?					
Household Information					
Item	Owner – Occupied	Rental Units			
		#1	#2	#3	#4
Total Household Members					
Household Members Age 18 and Over					
Age of Youngest Child (Pregnant Mother?)					
Any Child with Elevated Blood Lead Levels?					
Annual Household Income:					
Currently involved in a bankruptcy?					
Owner occupied the home for the last 12 months (Y/N)?			Periods of time the owner did not occupy the home: Why?		
Property Information					
Year home purchased?			Buying on a Land Contract?		
Mortgage on the property?			Is the mortgage current (Y/N)?		
Property Taxes paid (Y/N)?			Outstanding fees on the property?		
Property Insurance (Y/N)?					
Project Information					
Previous Rehab Project (Y/N)?					
Requested repairs:					
Type of Project: <input type="checkbox"/> Home Repairs <input type="checkbox"/> Lead Paint Hazard <input type="checkbox"/> Repairs and Lead Paint					
Is there an issue with sewage (Y/N)?			Does the furnace work (Y/N)?		
Urgent Need (Y/N)?					