



HOUSING REHABILITATION PROGRAM  
PRELIMINARY APPLICATION

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

LIST ALL PERSONS WHO LIVE IN THE HOUSEHOLD  
(Whether or not they are related or contribute to the household, they MUST be listed).

FULL NAME	SOCIAL SECURITY #	RELATIONSHIP	AGE	SEX
		<i>Head of Household</i>		

Please check all that apply. Are you:

WHITE \_\_\_\_\_ BLACK \_\_\_\_\_ AMERICAN INDIAN \_\_\_\_\_ ASIAN OR  
PACIFIC ISLANDER \_\_\_\_\_

HISPANIC \_\_\_\_\_ NON-HISPANIC \_\_\_\_\_

AN AMERICAN CITIZEN? \_\_\_\_\_

ELDERLY \_\_\_\_\_ DISABLED \_\_\_\_\_

If children under the age of seven live in this household, have they been tested for elevated lead levels in the blood? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what were the results of the testing?

\_\_\_\_\_

**ESTIMATED TOTAL GROSS INCOME:** Include all income from Social Security, SSI, Pension, Wages, Public Assistance, Child Support, Alimony, Unemployment, etc.

<u>SOURCE</u>	<u>AMOUNT</u>

**Is your income projected to change in the next 12 months?** \_\_\_\_\_

**ASSETS:** Other property, Savings, CD's, Stocks, Bonds, etc.

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**TYPE OF REHABILITATION NEEDED:**

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*I hereby authorize investigation of all statements contained in this preliminary application, and associated documents. Further, I declare subject to penalties of perjury that the statements made in this application and accompanying documents, papers, or interviews have been examined by me, and to the best of my knowledge are true and accurate.*

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**WARNING:** SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

**RETURN TO:** Justin Rudgick  
Economic Development Office  
44 East Bridge Street  
Oswego, New York 13126