

2013-2014 HOUSING REHABILITATION WAITLIST SURVEY



The information requested will be used to determine program eligibility and continued placement on the Housing Rehabilitation Program Waiting List. Please return by October 11, 2013.

Name: _____	Address: _____
Daytime Contact #: _____	
<p>What program will you be applying for? Check the program and eligible repair(s) you are applying for: Landscaping matters such as weed abatement, tree trimming, and trash or debris removal are ineligible. The program does not provide for cosmetic upgrades such as replacement of stained flooring, countertops, exterior painting (unless it is necessary to bring it up to code standards) or interior painting.</p>	
<p>Mobile Home Repair _____</p> <p>plumbing _____</p> <p>structural repairs _____ If structural, what type? _____</p> <p>roofing _____ window repair _____</p> <p>heating _____ electrical _____</p> <p>cooling _____ fumigation _____</p> <p>disabled access modifications (toilet, grab bars, ramps) _____</p> <p>other _____ If other, repairs include: _____</p>	
<p>Single-Family Residential Rehabilitation _____</p> <p>roof repair _____ plumbing _____</p> <p>wall/trim repair _____ heating _____</p> <p>doors _____ cooling _____</p> <p>window(s) _____ electrical _____</p> <p>fumigation _____</p> <p>disabled access modifications (toilet, grab bars, ramps) _____</p> <p>other _____ If other, repairs include: _____</p> <p>_____</p> <p>_____</p>	
<p>Grant Program _____</p> <p>Type of repair requested: _____</p> <p>_____</p> <p>_____</p>	
Household size: _____	<p>CITY OF SAN DIMAS HOUSING SECTION 245 E. Bonita Avenue San Dimas, CA 91773 (909) 394-6207</p>
Household Monthly Income: \$ _____	
I certify this information is true and complete to the best of my knowledge.	
Applicant: _____	Date: _____