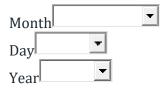
Grant pre-application form

Head of Household First Name Last Name **Address** Street Address City State Zip Primary Phone Number Secondary Phone Number **Email** Is there a preferred time to contact you? Total Household Annual Gross Income (Before taxes and deductions) List all those living in the household List the work that needs to be done How did you hear about the program? Is there a particular program you are interested in? __ CDBG - Housing Rehabilitation __ IDHA – Housing Rehabilitation and Accessibility program __ Lead Hazzard Control Grant _ ARPA Housing Rehabilitation Grant

I certify that the information provided above is true, complete, and accurate to the best of my knowledge. I understand that providing false representations herein may constitute an act of fraud. I acknowledge that the information provided is being used for the specific purpose of determining whether my household is eligible to receive assistance through the City of Bloomington Housing Rehabilitation grant. I will fully cooperate to obtain or provide any necessary documents to confirm the information provided.

Yes
Sign Here
First Name Last Name Email Choose how to sign • Draw • Type
☐ I agree to electronically sign and to create a legally binding contract between the other party and myself, or the entity I am authorized to represent.

Full Date



A member of the grants administration team will be following up with you shortly to discuss the housing rehabilitation programs available.

<u>S</u>ubmit