

PRE-APPLICATION FOR HOUSING DIVISION ASSISTANCE



City of Greenville- Housing Division
 201 West 5th Street, P.O. Box 7207
 Greenville, NC 27835-7207
 Office: (252) 329-4481; Fax: (252) 329-4631



The pre-application will place you on our waiting list which can be up to 3-years long.

Name: _____
 Name: _____
 Address: _____

 Mailing Address: _____

 Home #: _____
 Cell #: _____
 Best time to call: _____
 E-mail _____

Is this residence a mobile home? Yes No
 Do you own this house? Yes No
 Have you owned this house for more than one year?
 Yes No
 Have you previously applied for assistance?
 Yes No
 If yes, When? _____

Type of Assistance Requesting:

- Energy Efficiency Lead Hazard Control
- Housing Rehab Healthy Homes
- Down Payment Assistance
- Urgent Repair (Health & Safety Only)

Household Composition (List # of persons who reside in this house)

Total # of Persons:	Total Persons over 18:	Total Persons under 18:
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Household Annual Income (please check X)

Range of Income	less than 10K	10K - 20K	20K - < 30K	30K - < 40K	40K - < 50K	More than 50K
Household Income						

For Owner Occupied Rehabilitation Only. Check all that apply:

Type of Assistance Needed			
Plumbing upgrade <input type="checkbox"/>	Heating/Air <input type="checkbox"/>	Siding <input type="checkbox"/>	Flooring <input type="checkbox"/>
Electrical upgrade <input type="checkbox"/>	Roof <input type="checkbox"/>	Insulation <input type="checkbox"/>	Lead Paint <input type="checkbox"/>
Walls/Ceiling <input type="checkbox"/>	Porch Repairs <input type="checkbox"/>	Handicap Accessibility <input type="checkbox"/>	Other: _____

This information is not shared with outside parties except for auditing purposes. I understand that the pre-application is used to place my name on the waiting list and is not used to determine eligibility. The City of Greenville Housing Division will send me written notification when it is time to complete a formal application to determine if I am eligible for assistance.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

STAFF SEE REVERSE SIDE

#1010700v2

DATE RECEIVED IN HOUSING

Staff Only:

Taxes: _____

(Note: Any delinquent taxes greater than 10-years are not collectible per Pitt County Tax Office e-mail dated 9/7/16)

Flood Plain: _____

Parcel #: _____

Census Tract: _____

Pre-1978 _____

Historic: _____

NCHFA URP: _____

GUC Energy: _____

NRSA: _____

Council District: _____

