

HOUSING REHABILITATION PRE-APPLICATION

NEIGHBORHOOD & BUSINESS SERVICES DEPARTMENT ASSISTANCE



City of Greenville – Community Development Division

201 West 5th Street, P.O. Box 7207

Greenville, NC 27835-7207

Office: (252)329-4481 Fax: (252)329-4631



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

Applicant Name: _____

Co-applicant Name: _____

Address: _____

Mailing Address: (if different from above)

Home Phone: _____

Best time to call: _____

E-mail: _____

Is the 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? _____

Cell Phone: _____

Household Composition *(List the number of persons who reside in this house)*

| | | |
|---------------------|----------------------------|-----------------------------|
| Total # of Persons: | Total Persons over age 18: | Total Persons under age 18: |
|---------------------|----------------------------|-----------------------------|

Household Annual Income *(Please place a check X in the appropriate box)*

| Range of Income | Less than 10K | 10K – 20K | 20K – 30K | 30K – 40K | 40K – 50K | More than 50K |
|------------------------|---------------|-----------|-----------|-----------|-----------|---------------|
| Total Household Income | | | | | | |

For Owner owner-occupied rehabilitation Only. Check all that apply:

| Type of Assistance Needed | | | | | | | |
|---------------------------|--------------------------|---------------|--------------------------|---------------------------|--------------------------|------------|--------------------------|
| Plumbing Upgrades | <input type="checkbox"/> | Heating/Air | <input type="checkbox"/> | Siding | <input type="checkbox"/> | Flooring | <input type="checkbox"/> |
| Electrical Upgrades | <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"/> | Handicapped Accessibility | <input type="checkbox"/> | Other: | _____ |

This information is not shared with outside parties except for auditing purposes. I (applicant) 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 Community Development Division will send a written notification when it is time to complete the formal application to determine if I (the applicant) am eligible for assistance:

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

STAFF SEE REVERSE SIDE

#1010700V2

DATE RECEIVED IN COMM DEV

Staff Only:

Taxes: _____

(Note: All delinquent taxes less than 10-years must be paid in order to participate in any Community Development Division Programs. Any delinquent taxes greater than 10-years are not collectible per Pitt County Tax Office)

Flood Plain: _____

Parcel #: _____

Census Tract: _____

Pre-1978: _____

50-yrs or older: _____

GUC Energy: _____

NRSA: _____

