

### WARREN COUNTY HOUSING REHABILITATION PROGRAM PREAPPLICATION FORM

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TOWNSHIP OF: \_\_\_\_\_

TELEPHONE HOME #: \_\_\_\_\_ WORK #: \_\_\_\_\_

**FAMILY COMPOSITION:**

**NUMBER OF PERSONS**

ELDERLY (62 OR OLDER)	_____
ADULTS (19 - 61 YEARS)	_____
MINORS (18 OR YOUNGER)	_____
TOTAL PERSONS	_____

**CHECK YOUR ANSWER TO THE FOLLOWING:**

HANDICAPPED PERSON IN FAMILY	YES _____	NO _____
HEAD OF HOUSEHOLD IS ELDERLY	YES _____	NO _____
HEAD OF HOUSEHOLD IS FEMALE	YES _____	NO _____

**ANNUAL FAMILY INCOME (FROM ALL SOURCES):**

SALARY	\$ _____
SOCIAL SECURITY/RETIREMENT	\$ _____
INTEREST/DIVIDENDS	\$ _____
OTHER (IDENTIFY _____)	\$ _____
TOTAL	\$ _____

**HOME IMPROVEMENT NEEDS:**

BRIEFLY DESCRIBE NEEDED IMPROVEMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CHECK APPLICABLE LINE:**

\_\_\_\_\_ WHITE, NOT HISPANIC ORIGIN  
 \_\_\_\_\_ BLACK, NOT HISPANIC ORIGIN  
 \_\_\_\_\_ AMERICAN INDIAN OR ALASKAN NATIVE  
 \_\_\_\_\_ ASIAN OR PACIFIC ISLANDER

IF YOU REQUEST NOT TO COMPLETE ABOVE INFORMATION PLEASE INITIAL HERE: \_\_\_\_\_

PREAPPLICANT'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

RETURN PROGRAM PREAPPLICATION FORM TO:

HOUSING REHABILITATION PROGRAM  
329 FRONT STREET  
BELVIDERE, NEW JERSEY 07823  
(908) 475-3989 - EXT. 225  
ROSEMARIE PICONE, PROJECT DIRECTOR