## CITY OF BRADFORD APPLICATION FOR HOUSING REHABILITATION PROGRAM

ADDRESS					
		STATE_			
PHONE NUMBER (HOME)_		(WORK)			
NUMBER IN	HOUSEHOLD_	LIST	NAMES OTHER THAN		N APPLICANT
TOTAL ANN	NUAL HOUSEHO	OLD INCO	ME:		
NAME	SOURCE_			AMOUNT	
	SOURCE				
NAME	SOURCE			_AMOUNT	
	ousehold Female? ousehold Disabled				
Number of M	linorities in House	ehold	_ If so,	are they:	
Black A	merican Indian _	Alaska	n Native_	Hispanic _	Asian
DEED IN AP IF NOT, LIS	PLICANT'S NAI T NAME	ME (YES)	(NO) HO	W LONG	
MORTGAGI	E HOLDER				
INSURANCI	E COMPANY				
REFERRED	BY:				