

**CITY OF BRADFORD
APPLICATION FOR HOUSING REHABILITATION PROGRAM**

DATE OF APPLICATION ____/____/____

APPLICANT NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE NUMBER (HOME) _____ **(WORK)** _____

NUMBER IN HOUSEHOLD ____ **LIST NAMES OTHER THAN APPLICANT**

TOTAL ANNUAL HOUSEHOLD INCOME:

NAME _____ **SOURCE** _____ **AMOUNT** _____

NAME _____ **SOURCE** _____ **AMOUNT** _____

NAME _____ **SOURCE** _____ **AMOUNT** _____

Is Head of Household Female? Yes ____ No ____

Is Head of Household Disabled? Yes ____ No ____

Number of Minorities in Household _____ **If so, are they:**

Black ____ **American Indian** ____ **Alaskan Native** ____ **Hispanic** ____ **Asian** ____

DEED IN APPLICANT'S NAME (YES) (NO) HOW LONG _____

IF NOT, LIST NAME _____

MORTGAGE HOLDER _____

INSURANCE COMPANY _____

REFERRED BY: _____

WORK REQUESTED/REQUIRED: _____
