

## Owner-Occupied Rehabilitation Program Interest Survey

<b>APPLICANT INFORMATION</b>		<i>PLEASE PRINT CLEARLY</i>
<b>Homeowners Name:</b> Mr./ Mrs./ Ms. _____		
<b>Co-owner (If applicable)</b> Mr./ Mrs./ Ms. _____		
<b>Address:</b> _____ <b>Neighborhood:</b> _____		
<b>City:</b> _____ <b>Zip Code:</b> _____		
<b>Phone Number:</b> _____ <b>Alternate Number:</b> _____		
<b>Homeowners Age(s):</b> _____ <b>Email:</b> _____		
<b>US Citizen or Permanent Resident?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Homeowner's Insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Property Taxes Paid?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Current on Mortgage?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you live in this home as your primary residence?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>How many years have you owned and occupied this home?</b> _____ <b>Are there any children under 6 living in the home?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Are there any individuals with mobility impairments living in the home?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Are your utilities current and operating?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Do you own more than this one property?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Is the property for sale or intended to be sold within 12 months?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Previously received rehab assistance on this property in the last 15 years?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Is this a detached single-family home?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, describe: _____)		
<b>INCOME SOURCES – Check <u>ALL</u> that apply</b>		
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Wages</div> <div style="width: 50%;"><input type="checkbox"/> Disability</div> <div style="width: 50%;"><input type="checkbox"/> Rental Income</div> <div style="width: 50%;"><input type="checkbox"/> Child Support</div> <div style="width: 50%;"><input type="checkbox"/> Social Security</div> <div style="width: 50%;"><input type="checkbox"/> Pension</div> <div style="width: 50%;"><input type="checkbox"/> Unemployment</div> <div style="width: 50%;"><input type="checkbox"/> Other</div> </div>		
<b>Total Annual Income of ALL people in home:</b> \$ _____ <b>Number in Household?</b> _____		
<b>Does this house have:</b>	<b>Brief description of repair/issue</b>	
Hot and cold running water?	<input type="checkbox"/> Y <input type="checkbox"/> N	
A bathtub or shower?	<input type="checkbox"/> Y <input type="checkbox"/> N	
A sink with a faucet?	<input type="checkbox"/> Y <input type="checkbox"/> N	
A stove or range?	<input type="checkbox"/> Y <input type="checkbox"/> N	
A refrigerator?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Working toilet?	<input type="checkbox"/> Y <input type="checkbox"/> N	

Repairs Needed		Brief description of repair/issue
Electrical	<input type="checkbox"/> Y <input type="checkbox"/> N	
Plumbing	<input type="checkbox"/> Y <input type="checkbox"/> N	
AC/Heating	<input type="checkbox"/> Y <input type="checkbox"/> N	
Siding Repair	<input type="checkbox"/> Y <input type="checkbox"/> N	
Exterior Doors	<input type="checkbox"/> Y <input type="checkbox"/> N	
Windows	<input type="checkbox"/> Y <input type="checkbox"/> N	
Roof/ Gutters	<input type="checkbox"/> Y <input type="checkbox"/> N	
Exterior Painting	<input type="checkbox"/> Y <input type="checkbox"/> N	
Interior Painting	<input type="checkbox"/> Y <input type="checkbox"/> N	
Floor Repairs	<input type="checkbox"/> Y <input type="checkbox"/> N	
Grab bars/railings	<input type="checkbox"/> Y <input type="checkbox"/> N	
Other	<input type="checkbox"/> Y <input type="checkbox"/> N	

### Review for Waitlist:

Prospective applicants who meet the baseline criteria are added to the waitlist. Prospective applicants who do not meet the baseline criteria will not be considered further and will be notified by mail and/or email of the reason for ineligibility and appeal process.

### Prioritization

Waitlisted prospective applicants who qualify for Renovate Norfolk will be prioritized according to need. Waitlisted prospective applicants who qualify for Strengthening Neighborhoods OOR will be prioritized based on location within targeted blocks and zones.

### Lottery Process

NDHCD staff will only send out the number of applications that funding capacity and contractor availability allows. Randomized selection will occur by assigning prospective applicants within each priority tier a unique identifier and utilizing a random number selection process.

### CERTIFICATION

I understand that completing this survey is not an application for funding or a guarantee of funding. I understand participation in this program is completely voluntary and that I must complete this survey to be added to the waiting list. I understand that selection to complete a full application will be based on meeting the baseline criteria and the prioritization process documented above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return completed and signed survey to the address below, or scan and email to:

[Renovate@norfolk.gov](mailto:Renovate@norfolk.gov)

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