

Owner-Occupied Rehabilitation Program Interest Survey

APPLICANT INFORMATION

PLEASE PRINT CLEARLY

Homeowners Name: Mr./ Mrs./ Ms. _____

Co-owner (If applicable) Mr./ Mrs./ Ms. _____

Address: _____ **Neighborhood:** _____

City: _____ **Zip Code:** _____

Phone Number: _____ **Alternate Number:** _____

Homeowners Age(s): _____ **Email:** _____

US Citizen or Permanent Resident? Yes No

Homeowner's Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Property Taxes Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current on Mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you live in this home as your primary residence? Yes No

How many years have you owned and occupied this home? _____

Are there any children under 6 living in the home? Yes No

Are there any individuals with mobility impairments living in the home? Yes No

Are your utilities current and operating? Yes No

Do you own more than this one property? Yes No

Is the property for sale or intended to be sold within 12 months? Yes No

Previously received rehab assistance on this property in the last 15 years? Yes No

Is this a detached single-family home? Yes No (If no, describe: _____)

INCOME SOURCES – Check ALL that apply

<input type="checkbox"/> Wages	<input type="checkbox"/> Disability	<input type="checkbox"/> Rental Income	<input type="checkbox"/> Child Support
<input type="checkbox"/> Social Security	<input type="checkbox"/> Pension	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Other

Total Annual Income of ALL people in home: \$ _____ **Number in Household?** _____

Does this house have:	Brief description of repair/issue	
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