

CITY OF CRESTON HOUSING REHAB PRE-APPLICATION

The information requested, as part of this pre-application, will be used to assess the need for a housing rehabilitation program in Creston. If sufficient need is determined based on this pre-application process, a rehabilitation program may be developed for the community. If a program is developed in the future, you may be able to apply for assistance to rehabilitate your home. The information in this pre-application is strictly confidential and will not be made public.

Please return the completed form by
November 4, 2015 to:

City Hall
P. O. Box 449
116 W. Adams St.
Creston, IA 50801

SICOG
101 E. Montgomery St., PO Box 102
Creston, IA 50801
OR
Fax: 641.782.8492
Email: rounds@sicog.com

First Name

Middle Initial

Last Name

Address

Phone Number

_____ How many years have you lived at this address?

_____ How many individuals, including yourself, live in the house?

_____ How many individuals in the home are age 6 or younger?

\$ _____ What is the approximate annual gross income (before taxes) of all individuals 18 years of age and over?
(Note: Please include SSI and child support received by adults for children under 18.)

\$ _____ What is the estimated value of your home, including land? (see your property tax statement, if necessary)

YES NO Are you or your spouse disabled or handicapped?

YES NO Are you or your spouse 62 or over?

YES NO Is the property insured or can it be insured by the spring of next year?

YES NO Are taxes and mortgage payments current or can be made current by the spring of next year?

Which of the following applies to your household (check one)?

_____ Currently OWN the house (free and clear)

_____ Currently OWN the house (making payments to bank/mortgage company)

_____ Currently OWN the house (making payments to seller)

_____ Other (please explain) _____

Please list key repairs that you feel need to be made to your home:
