



INITIAL APPLICATION FOR HOME REPAIRS PROGRAM

Today's Date: _____

Applicant Name: _____

Home Address: _____

Phone: _____ Cell: _____

How Many People Live in Home: _____

Total Household Income: _____

Applicant Email: _____

Preferred contact (check one)? Mail: _____ Phone: _____

Have you received assistance from Rebuild Superior, Inc previously? If yes, please describe. A note that preference will be given to new applicants _____

Optional Responses - for grant writing purposes

USDA Racial Composition and Outreach

- White
- Black
- Asian/Pacific Islander
- American Indian/Alaskan Native
- Hispanic

Additional information, including income verification, will be requested.

This institution—Rebuild Superior, Inc.—is an equal opportunity provider.