

**WARREN COUNTY
HOUSING REHABILITATION PROGRAM
PREAPPLICATION FORM**

NAME: _____

STREET: _____

CITY, STATE, ZIP: _____

TOWNSHIP OF: _____

TELEPHONE HOME #: _____ CELL #: _____

E-MAIL ADDRESS: _____

FAMILY COMPOSITION:	NUMBER OF PERSONS
ELDERLY (62 OR OLDER)	_____
ADULTS (19 – 61 YEARS)	_____
MINORS (18 OR YOUNGER)	_____
TOTAL PERSONS	_____

CIRCLE YOUR ANSWER TO THE FOLLOWING:

- | | | |
|---|-----|----|
| 1. DO YOU OWN THE PROPERTY? | YES | NO |
| 2. IS THERE A HANDICAPPED PERSON IN FAMILY? | YES | NO |
| 3. IS THE HEAD OF HOUSEHOLD ELDERLY? | YES | NO |
| 4. IS THE HEAD OF HOUSEHOLD FEMALE? | YES | NO |

ANNUAL FAMILY INCOME (FROM ALL SOURCES):

SALARY	\$ _____
SOCIAL SECURITY/RETIREMENT	\$ _____
INTEREST/DIVIDENDS	\$ _____
OTHER (IDENTIFY: _____)	\$ _____
TOTAL	\$ _____

BRIEFLY DESCRIBE NEEDED IMPROVEMENTS:

RACE (OPTIONAL)

- WHITE
- BLACK / AFRICAN-AMERICAN
- AMERICAN INDIAN OR ALASKAN NATIVE
- ASIAN OR PACIFIC ISLANDER

ETHNICITY (OPTIONAL)

- HISPANIC OR LATINO
- NON-HISPANIC OR LATINO

IF YOU REQUEST NOT TO IDENTIFY YOUR RACE AND/OR ETHNICITY PLEASE INITIAL HERE: _____

PREAPPLICANT'S SIGNATURE: _____

DATE _____

RETURN PROGRAM PREAPPLICATION FORM TO:

**HOUSING REHABILITATION PROGRAM
337 WATER STREET
BELVIDERE, NEW JERSEY 07823
(908) 475-3989**