

PLEASE NOTE: THIS IS **NOT** AN APPLICATION FORM, IT IS A REQUEST TO BE PLACED ON A WAITING LIST



**HENNEPIN COUNTY HOUSING REHABILITATION PROGRAM
PROGRAM INTEREST FORM**

Name _____ Cell Phone _____

Address _____ Other Phone _____

City _____ Zip Code _____ Email _____

Please list all household members (*A resident is someone residing in the home at least nine months of the year, excluding any renters*):

Full Name	Age	Estimated Monthly Income	Income Source (<i>Wages, tips, commissions, alimony, child support, Social Security, worker's compensation, federal and state supplemental income, rent, investment income, public assistance, self-employment income and all other income</i>)
1.			
2.			
3.			
4.			
5.			
6.			

Please attach separate sheet if there are additional household members

Excluding your homestead, furnishings, clothing and one vehicle, do you own net assets equal to \$25,000 or more? Do not include assets that you do not have access to without a penalty (such as a retirement account).

No Yes If yes, please describe _____

Average monthly amount of recurring medical expenses _____

Is your home located on more than two city lots? Yes No

What improvements does your home need now? _____

Everything I have stated above is true and correct to the best of my knowledge and belief.

Signature _____ Date _____

**Return completed form to: Hennepin County Community Works, Housing Development,
701 Fourth Avenue South, Suite 400, Minneapolis, MN 55415-1843 or email to rehab@hennepin.us**

Note: All names and financial information provided on this questionnaire are considered private data on individuals and are subject to privacy of information provisions pursuant to State Statute.