



## HOME IMPROVEMENT PROGRAM PROGRAM INTEREST/PRE-QUALIFICATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please check the category that best describes your residence:

☐ Single-Family Home      ☐ Condominium Unit      ☐ Townhouse Unit

Is this your first time participating in the Home Improvement Program? ☐ Yes      ☐ No

Is your property subject to HOA Requirements/Bylaws? ☐ Yes      ☐ No

Since when have you owned this property? \_\_\_\_\_

Does anyone in your household own any additional real estate property? ☐ Yes      ☐ No

Please disclose the name, age, and annual gross income for all persons living in the household:

	Name	Age	Annual Household Gross Income	Relationship to Applicant
1			\$	
2			\$	
3			\$	
4			\$	
5			\$	
6			\$	
7			\$	
8			\$	

Estimated Total Annual Gross Income (from all funding sources): \$.\_\_\_\_\_

By signing this form, I hereby acknowledge and understand that I will be added to the City of Arcadia’s Home Improvement Program Interest List, also that being added to this list is not an implied commitment of funding from the City. ***This program shall be implemented on a first come, first served basis, thus I am hereby advised that the City cannot guarantee if/when program assistance will be provided.*** I further acknowledge and understand that upon successful pre-qualification and selection for participation in this program, I will be required to complete a full program application that will require submission of supporting documentation to substantiate my household size and household income reported above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Homeowner)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Homeowner, if applicable)

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**FOR OFFICE USE ONLY**

City Limits:\_\_\_\_\_ Zoning:\_\_\_\_\_ Past Participation: \_\_\_\_\_ Years Owned: \_\_\_\_\_

Other Property: \_\_\_\_\_ Historic Resource List:\_\_\_\_\_ HOA:\_\_\_\_\_ Code Services: \_\_\_\_\_

Eligibility:\_\_\_\_\_