



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)

FOR OFFICE USE ONLY

City Limits: _____ Zoning: _____ Past Participation: _____ Years Owned: _____

Other Property: _____ Historic Resource List: _____ HOA: _____ Code Services: _____

Eligibility: _____