CITY OF SANFORD
COMMUNITY RELATIONS & NEIGHBORHOOD ENGAGEMENT

# CDBG HOUSING & REHABILITATION PROGRAM

## PRE-APPLICATION

**Purpose:** This pre-application is used only to determine whether a household and property appear to meet the preliminary requirements of the City of Sanford CDBG Housing & Rehabilitation Program. Do not submit supporting documents with this pre-application.

**IMPORTANT:** Submitting this pre-application does not guarantee eligibility, funding, or assistance. Applicants who appear to meet preliminary program requirements may be invited to submit a full application. Applicants invited to submit a full application will have 10 business days to submit all required supporting documentation.

### 1. APPLICANT INFORMATION

Applicant Name: _____ Co-Applicant Name: _____

Property Address: _____ City/State/ZIP: _____

Mailing Address (if different): _____ Email: _____

Primary Phone: _____ Alternate Phone: _____

### 2. PROPERTY INFORMATION & PRELIMINARY ELIGIBILITY

| | | |
|---|---|---|
| Do you own the property for which assistance is requested? | ☐ Yes | ☐ No |
| Is this property your primary residence? | ☐ Yes | ☐ No |
| Is the property located within the City limits of Sanford? | ☐ Yes | ☐ No |
| Are your property taxes current? | ☐ Yes | ☐ No |
| Do you currently have homeowner's insurance? | ☐ Yes | ☐ No |
| Do you have a mortgage on the property? | ☐ Yes | ☐ No |
| If yes, are your mortgage payments current? | ☐ Yes | ☐ No |
| Is the property currently in foreclosure? | ☐ Yes | ☐ No |

Have you received Housing & Rehabilitation assistance from the City of Sanford within the past 3 years? ☐ Yes ☐ No

Have you requested or received FEMA assistance for any of the repairs listed on this pre-application? ☐ Yes ☐ No

**Property type:** ☐ Site-built home ☐ Manufactured/Mobile home ☐ Other: _____

**How long have you owned and occupied this home?** _____

## 3. HOUSEHOLD & ESTIMATED INCOME

List everyone who currently lives in the home. For this pre-application, provide estimated gross annual income before taxes. Do not include SNAP benefits as income.

| Household Member Name | Age | Relationship to Applicant | Estimated Gross Annual Income |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Total household members:** _____ **Estimated total gross annual household income: $**_____

## 4. ASSISTANCE REQUESTED

The current program addresses up to two eligible trade repairs. Check the repairs for which you are seeking assistance. Final eligibility and scope of work will be determined by the City.

☐ Roof Replacement

☐ HVAC

☐ Electrical

☐ Plumbing

☐ Accessibility (grab bars/roll-in shower)

☐ Window Replacement

☐ Exterior Door Replacement

☐ Septic Tank Replacement

☐ Water Heater Replacement

☐ Accessibility/Safety (fencing repair or tree trimming)

☐ Trip Hazards (uneven flooring)

☐ Other: _____

**Briefly describe the two most significant repair needs:**

1. _____

2. _____

**Do any of the requested repairs present an immediate health or safety concern?** ☐ Yes ☐ No

If yes, briefly explain: _____

## 5. APPLICANT CERTIFICATION

I/We certify that the information provided in this pre-application is true and complete to the best of my/our knowledge. I/We understand that this is a preliminary screening only and does not constitute approval or a commitment of financial assistance. If I/we appear to meet preliminary program requirements, I/we may be invited to submit a full application. If invited, I/we understand that all required supporting documentation must be submitted within 10 business days. I/We understand that final eligibility is subject to verification of household income, property ownership, program requirements, availability of funds, and other applicable CDBG requirements.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

## FOR CITY USE ONLY

| |
|---|
| Preliminary Review: ☐ Potentially Eligible ☐ Additional Information Needed ☐ Does Not Meet Preliminary Requirements |
| Property/City Limits Verified: ☐ Yes ☐ No Ownership Verified: ☐ Yes ☐ No |
| Income Prescreen: ☐ Appears within applicable limit ☐ Requires additional review |
| Notes: _____ _____ |
| Reviewed by: _____ Date: _____ |

**City of Sanford • Community Relations & Neighborhood Engagement • CDBG Program**

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