



**PRE-APPLICATION CARD  
DEKALB COUNTY SPECIAL PURPOSE HOME REPAIR PROGRAM  
DEKALB COUNTY COMMUNITY DEVELOPMENT DEPARTMENT**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HOUSEHOLD COMPOSITION (HOW MANY PERSONS LIVE IN YOUR HOME?) \_\_\_\_\_

ARE YOU DISABLED  YES  NO

TITLE OF PROPERTY IN NAME OF: \_\_\_\_\_

HAVE YOU EVER RECEIVED A GRANT OR LOAN TO REPAIR YOUR HOME FROM US?  YES  NO IF YES, WHEN \_\_\_\_\_

HOW LONG HAVE YOU OWNED YOUR HOME? \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES**

**RETURN TO: DEKALB COMMUNITY DEVELOPMENT DEPARTMENT  
750 COMMERCE DRIVE, SUITE 401  
DECATUR, GA 30032  
ATTENTION: SPECIAL PURPOSE HOME REPAIR**



**THIS PROGRAM IS FUNDED BY THE U.S. DEPARTMENT of HOUSING & URBAN DEVELOPMENT  
COMMUNITY DEVELOPMENT BLOCK GRANT**

SOURCE OF INCOME: \_\_\_\_\_

(EXAMPLES Social Security, Pensions, Annuities, VA Benefits, Employment, Income from Assets, Checking, Savings and Any other source of income)

ANNUAL GROSS INCOME OF HOUSEHOLD BEFORE DEDUCTIONS (such as taxes & insurance): \_\_\_\_\_

(include total income of ALL persons 18 and over living in the home)

**\*HOMEOWNER'S WHO PREVIOUSLY RECEIVED HOMEOWNER REPAIR OR REHABILITATION ASSISTANCE, ARE NOT ELIGIBLE FOR THIS PROGRAM \***

SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_

**Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency in order to receive federal funds.**