

# PRE-APPLICATION FORM

## GWINNETT COUNTY COMMUNITY DEVELOPMENT HOMEOWNER HOUSING REHABILITATION PROGRAM

[Administered for Gwinnett County by W. Frank Newton, Inc.]

NAME: [Property Owner(s)] \_\_\_\_\_

HEAD OF HOUSEHOLD: [IF DIFFERENT FROM OWNER(S)] \_\_\_\_\_

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

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

EMAIL: \_\_\_\_\_ SS# [Head of household]: \_\_\_\_\_

SEX [Head of household]: \_\_\_\_\_ RACE [Optional] [Head of household]: \_\_\_\_\_

DATE OF BIRTH [Head of household]: \_\_\_\_\_

ARE YOU DISABLED? [Head of household] YES \_\_\_\_\_ NO \_\_\_\_\_

HOW LONG HAVE YOU LIVED IN YOUR HOME? \_\_\_\_\_

NO. PERSONS LIVING IN HOME \_\_\_\_\_ AGES: \_\_\_\_\_

IN WHAT YEAR WAS YOUR HOME BUILT? \_\_\_\_\_ BEFORE 1978? \_\_\_\_\_ AFTER 1978? \_\_\_\_\_

TYPE OF DWELLING: APARTMENT? \_\_\_\_\_ CONDO? \_\_\_\_\_ MOBILE HOME? \_\_\_\_\_ DUPLEX? \_\_\_\_\_  
TOWNHOUSE? \_\_\_\_\_ SINGLE FAMILY DETACHED? \_\_\_\_\_

IS YOUR HOME CONNECTED TO SEWER? \_\_\_\_\_ SEPTIC TANK? \_\_\_\_\_ PRIVATE WELL OR UTILITIES? \_\_\_\_\_

CURRENT APPRAISED VALUE OF HOME: \$ \_\_\_\_\_ HOW MUCH OWED? \$ \_\_\_\_\_

ARE YOUR MORTGAGE PAYMENTS AND TAX PAYMENTS CURRENT? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU CURRENTLY IN BANKRUPTCY [INCLUDING CHAPTER 13]? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE THERE SEVERE LEAKS IN YOUR ROOF? YES \_\_\_\_\_ NO \_\_\_\_\_

DOES YOUR HEATING AND A/C WORK? YES \_\_\_\_\_ NO \_\_\_\_\_

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

SOURCES OF INCOME [everyone in household]: \_\_\_\_\_

(Examples: social security, pensions, annuities, VA benefits, wages, assets, investments, stocks, bonds, savings, checking)

ANNUAL INCOME OF HOUSEHOLD BEFORE TAXES AND OTHER DEDUCTIONS: \$ \_\_\_\_\_

[MUST include all sources of income for all persons 18 and over living in the home]

**WARNING:** Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U. S. as to any matter within its jurisdiction

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

**Return to:**

Gwinnett County Community Development Program  
446 West Crogan Street, Suite 275  
Lawrenceville, GA 30046-2439 FAX: 678-518-6071