

Community in Action

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HOUSING REHABILITATION WAIT LIST APPLICATION

Name: _____ Phone : _____

Address: _____ City: _____

Mailing Address: _____ Email: _____

of People in Household: _____ Age of Adults: _____ Age of Children: _____

Are you 60 years of age or older? _____ Disabled? _____ Veteran? _____

Total Household Gross Income: Monthly \$ _____ Annually \$ _____

Year home was built: _____ Value of your home: _____ Amount owed on your home: _____

Is your home a manufactured home? Yes__ No__ Do you own the land the home is on? Yes__ No__

Is it on a permanent foundation? Yes__ No__

Home Repairs you need:

Lead base paint abatement/removal _____

Septic tank /Sanitation _____

Private sewer lines or drain fields _____

Private Water Lines/Wells _____

Asbestos test _____

Electrical _____

Plumbing _____

Roofing _____

Siding _____

Insulation _____

Weatherization _____

Heating System _____

Water Heater _____

Dry Rot Repair _____

Light Fixtures _____

Doors/Windows _____

Special Needs/Handicap Access _____

Painting _____

Structural _____

Porches/Steps _____

Other _____