

Community Home Improvement Program Questionnaire

In order to process your request for assistance, please answer the following:

| Last | First | 1 | M.I. | | |
|---|-------------|---|----------------|------------------|--|
| Phone:Email: | | | | | |
| | | | | | |
| eet Address | | | | Apartment/Unit # | |
| , | | \$ | State | ZIP Code | |
| referred language? | | | | | |
| received a grant or loan fro | m the Cit | y of Chula Vista? | | | |
| / | | | | | |
| you owned your home? | | | | | |
| you lived in your home? | | | | | |
| 6. Household Information: List ALL occupants residing in the household. | | | | | |
| | | | | _ | |
| | Age | Relationship to Head | d of Household | ł | |
| | | | | _ | |
| e | Source(s) | | | | |
| | Age | Relationship to Heac | of Household | 1 | |
| e | Source(| s) | | - | |
| | eet Address | eet Address referred language? received a grant or loan from the Cit you owned your home? you lived in your home? you lived in your home? Age and a grant or coupants residing and a grant or loan from the Cit Age and a | | | |

| 3 Name | Age | Relationship to Head of Household | |
|---|-----------|-----------------------------------|--|
| S Monthly Income | Source(| (s) | |
| 4 Name | Age | Relationship to Head of Household | |
| \$ Monthly Income | Source(s) | | |
| (Use additional paper if you need more space) | | | |

I certify that the above information provided is true and complete.

Head of Household Signature

Date