

EMERGENCY HOUSING REPAIR/ RENOVATION APPLICATION

(Remember to attach a minimum of two (2) quotes for the repairs)

NAME:			DATE:
CONTACT NUMBER:			
ADDRESS:			
EXPLANTION OF EMERGEN	NCY REP	AIR(S) R	EQUIRED AND COST:
IF YES, FOR WHAT AND W	HEN:		
			OFFICE USE ONLY
ELIGIBLE APPLICATION:	YES 🗆	_	QUOTES RECEIVED: YES \(\text{NO} \(\text{NO} \)
PREVIOUSLY FUNDED:	YES 🗆	NO 🗆	VERIFIED OWNER: YES □ NO □
DATE RECEIVED:			FUNDS REQ'D:
APPROVED:	YES 🗆	NO 🗆	REASON:
NOTIFIED ON:			CHQ #:
APPROVED BY:			AUTHORIZED: