



Preliminary Application

CITY OF COVINA RESIDENTIAL REHABILITATION PROGRAM

1. Name: _____
2. Address: _____
City: _____ Zip Code: _____
3. Telephone: _____ Mobile: _____
4. E-mail Address: _____
5. Number of persons living full-time in the residence to be repaired: _____

6. Annual gross income (2025) (include income of **all persons** over 18 years of age who live in the residence to be repaired):

<u>More than:</u>	<u>but Less than:</u>	<u>Check only one</u>
\$ - 0 -	\$ 84,849	[]
\$ 84,850	\$ 96,949	[]
\$ 96,950	\$ 109,049	[]
\$ 109,050	\$ 121,149	[]
\$ 121,150	\$ 130,849	[]
\$ 130,850	\$ 140,549	[]

7. Is the residence to be repaired owner occupied? No [] Yes []
8. Has this household previously applied for assistance under this program? No [] Yes [] Year _____
9. Has this program assistance been provided previously at this address? No [] Yes [] Year _____
10. Do household assets exceed \$25,000 (do not include home and auto) No [] Yes []
11. I certify to the best of my knowledge that the above statements are true.

Applicant's Signature

Date

12. Briefly describe the type of rehabilitation work requested (be specific and detailed):

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

Return Preliminary Application to: City of Covina Housing Division
125 E. College Street
Covina, CA 91723

For additional information, please call: (626) 384-5509

Date of initial contact for program assistance: _____

Funding for this program is received from the U.S. Department of Housing and Urban Development (HUD) through the Community Development Block Grant (CDBG) program.