

Mountain Housing Opportunities, Inc.

64 Clingman Avenue, Suite 101, Asheville, NC 28801
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<i>For Office Use Only</i>
Date Rec'd
% of Median

EMERGENCY HOME REPAIR, RURAL HOUSING REHAB & RAMPS APPLICATION

HOME OWNER INFORMATION

Owner _____ Home Phone _____
 Co-owner _____ Work Phone _____
 Address _____

Contact Person _____ Relation _____ Phone _____

Is anyone in your home disabled, handicapped, or severely ill? Yes _____ No _____
 If yes, describe the disability, handicap, or illness:

HOUSEHOLD INFORMATION

Beginning with yourself, list every person living in your household and the information requested.

First and Last Name	Relation to Homeowner	Gender	Race/Ethnicity	Birth Date	Social Security Number	Gross Monthly Income*	Source of Income**
Total:							

*Gross income is total income before taxes or other items are deducted.
 **Sources include employment, retirement/pensions, Social Security, SSI, VA Benefits, Work First, annuities, alimony, child support, regular contributions from family, rental income, or other regular payments.

REFERRAL INFORMATION

How did you learn about Mountain Housing Opportunities? (Check all that apply)

_____ Thoms Rehabilitation Hospital	_____ Newspaper
_____ Visiting Health Professionals	_____ Radio
_____ Independent Living	_____ Brochure
_____ Other _____	_____ Other _____

Please complete BACK of form

