

**City of Edmond
Community Development Block Grant (CDBG)
Owner-Occupied Housing Rehabilitation (OOHR)**

Office Use Only

Date Received: _____

Staff: _____

- Emergency Rehab
- Full Rehab

Pre-Application

This is a Pre-Application form. Once we receive this form at the address below, you will be placed on an official waiting list. When your name comes up, you will be notified and mailed additional information. If you need EMERGENCY assistance, for things such as loss of heat, water, roof leak or HANDICAP ACCESSIBILITY, please indicate in the space provided below. All qualified homeowners will receive a free Energy Audit performed by Edmond Electric.

OWNER'S NAME(S) _____

STREET ADDRESS _____

HOME PHONE _____

MAILING ADDRESS _____

BUSINESS PHONE _____

CITY, STATE, ZIP _____

Does your home have EMERGENCY or HANDICAP ACCESSIBILITY needs? _____ If so, please describe:

Number of children in your household: _____

Number of adults in your household? _____

How long have you owned this home? _____

Household gross annual income: _____

The table below is the HUD income limits based on the number of persons in your household. Does your household's gross annual income fall below the income limit for the number of persons in your household? _____

Size of Household	Annual Income
1 person	\$30,150
2	\$34,500
3	\$38,800
4	\$43,100
5	\$46,550
6	\$50,000
7	\$53,450
8	\$56,900

I have read the CDBG OOHR Program Eligibility Requirements and believe that I meet these requirements. I understand that this is a PRE-APPLICATION and I request that my name be placed on the CDBG OOHR waiting list. The above information is true and I understand that any misinformation given could result in the dismissal of this request.

Owner's Signature: _____

Date: _____

Submit Pre-Application to:
Shannon Entz, CDBG Coordinator
City of Edmond
10 S. Littler/PO Box 2970
Edmond, OK 73083
Shannon.Entz@edmondok.com
Phone: 359-4789 Fax: 359-4767

