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## HOUSEHOLD INFORMATION

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Please provide the information requested in the table below: **Please circle unit occupied by owner.**

	Unit 1	Unit 2	Unit 3	Unit 4
Number of occupants				
Number of occupants over 62 years of age				
Number of handicapped individuals				
Number of bedrooms				
Monthly rent paid				
Rental subsidies received (Section 8 or 707)?				

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## APPLICANT CERTIFICATION

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I understand that this Pre-Qualification form will be used to determine income eligibility for Housing Rehabilitation Assistance. Should I pre-qualify, based on the information provided, the property will be placed on a waiting list for the Housing Rehabilitation Loan Program.

I will be notified by the City of Salem when funds are available to rehabilitate the property. At that time, I will be required to complete a full Application for assistance. I understand that final eligibility for the Housing Rehabilitation Loan Program will be determined only after the full Application and required documentation have been submitted.

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Owner's Signature

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Date

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Co-owner's Signature

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Date

*All Information will be kept confidential.*

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PLEASE RETURN PRE-QUALIFICATION FORM TO:

**City of Salem,  
Department of Planning & Community Development  
120 Washington Street, 3<sup>rd</sup> Floor  
Salem, MA 01970  
Attention: Housing Rehab Program**

For more information, please call (978) 619-5685.

Para información en español, favor de llamar: (978) 619-5685.



*This program does not discriminate on the basis of race, color, national origin, gender, age, religion, familial status, sexual orientation or disability. This program is funded through the United States Department of Housing and Urban Development (HUD), utilizing HOME and Community Block Grant Funds (CDBG).*

