

**City of Pekin, Illinois
Rehabilitation Program
2009 Owner Occupied Pre-Application**

Applicant Information Section	Office use only
Address:	Date & Time received:
Applicant's Name(s): (list all adults 18 yrs old and above)	Census Tract/Block Group:
Married, widow(er), divorced, or single?	Have you ever been assisted through our programs?
Phone #: Home: Work:	If yes, which one and when?
Social Security # (for all household members 18 and over):	Do you have any outstanding collections against you? Yes or No
Income Section	Assets Section
What is the Annual Household Income? (include <u>ALL</u> income for household members 18 years old and above.) \$	Balance in Checking Accounts:
Please circle <u>ALL</u> that contribute to your Annual Household Income <u>and</u> how many of each form your household needs:	Balance in Savings Accounts:
Social Security Income Public Aid Income	Other Accounts:
Veterans Unemployment	Value of House:
Child Support Job	Do you have a: Deed Mortgage
Disability Alimony	What other Assets do you own? (see Exhibit 3.8)
Other Income (please list):	
Number of people living in the home?	
Homeowners Insurance Company:	What rehabilitation projects would your house need?

