

RURAL HOUSING, INC.

Application for Assistance- Veteran Home Repair Funds

Please fax or mail this application for home repair assistance when complete. You do not need to have an estimate or contractor selected to apply. Contact us with any questions at the information below.

Homeowner Name(s) _____ County of Residence _____

Street Address _____ City _____ Zip _____

Mailing Address (if different) _____ City _____ Zip _____

Veteran's Name: _____ Did they receive an honorable discharge? Yes No

Phone #: (_____-_____-_____) Is the Veteran in the household 62 or older? Yes No

What repairs or improvements are needed on your home? _____

Is project immediately necessary to maintain/secure safe, affordable housing: Yes No

Do you own and live in the home as your primary residence? Yes No

Are you current with your mortgage (if you have one) and property taxes? Yes No

If no, please explain the situation: _____

Estimated Monthly Income: \$ _____ How many people live in your home? _____

Source of Income (circle all that apply):

Job SSDI SSI Retirement VA Pension Other Pension Child Support Unemployment

Project Costs:

Have you received an estimate(s) for the cost of this project? Yes No

If yes, what is the business name(s) who provided the estimate? _____

Estimate Total Cost of Project: \$ _____ **Please include a copy an estimate if you have one.**

If you do not have an estimate for this project, we are happy to help you contact contractors. Please be aware that we may not be able to cover the full cost of your home repairs with a grant from Rural Housing, Inc. There are other grant and loan options available for homeowners that we will try to help you secure if needed.

Please sign here, certifying all statements above are true to the best of your knowledge:

Applicant Signature: _____ Date _____

Co-Applicant Signature: _____ Date _____



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