

**CITY OF WINTER GARDEN  
CDBG HOUSING REHABILITATION  
INTAKE APPLICATION**

Applicant's Name: \_\_\_\_\_

Residence Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ 2<sup>nd</sup> Contact Phone #: \_\_\_\_\_

Number of People Living in home: \_\_\_\_\_

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Do you currently live in the home: \_\_\_yes \_\_\_no How many years/months? \_\_\_\_\_

Do you currently own the home: \_\_\_yes \_\_\_no How many years/months? \_\_\_\_\_

Whose name(s) is/are on the deed? \_\_\_\_\_

Is there a Mortgage or loan on the property? \_\_\_yes \_\_\_no

Number of mortgages, mortgage holder and the mortgage amounts?

\_\_\_\_\_  
\_\_\_\_\_

Is the Head of household disabled/handicapped? \_\_\_yes \_\_\_no

Female \_\_\_ Male \_\_\_ head of household?

Names of people living in the household including the applicant and source and amount of income for each person in the household:

|    | Name  | Age   | Source of Income | Amount |
|----|-------|-------|------------------|--------|
| 1. | _____ | _____ | _____            | _____  |
| 2. | _____ | _____ | _____            | _____  |
| 3. | _____ | _____ | _____            | _____  |
| 4. | _____ | _____ | _____            | _____  |
| 5. | _____ | _____ | _____            | _____  |

(attach additional page as needed )

Combined Annual Gross Income of Household: \_\_\_\_\_

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Description (Circle all that apply to your home):

Structure: Site Built - Modular - Mobile Home – Single Wide – Double Wide

Walls Exterior: Block – Frame – Brick – Vinyl Siding – Metal Siding – Wood Siding

Foundation: Concrete slab – Frame on block stem wall – Frame on piers

Exterior Color: Base \_\_\_\_\_ Trim \_\_\_\_\_

Year Home was Built: \_\_\_\_\_

List Description of repairs needed (use rear of paper if needed):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

I verify that all items provided are true to the best of my knowledge and understand that this form is for informational purposes only and does not guarantee that I will be approved for participation in the City of Winter Garden Community Development Block Grant (CDBG) Housing Program.

\_\_\_\_\_  
Applicant's Name Printed

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

***Intake applications will be accepted at Winter Garden City Hall ,300 West Plant Street, Winter Garden, FL 34787, (Attn: Economic Development Director) weekdays between 8:00 A.M. and 4:30 P.M., December 12, thru January 24, 2014. No intake applications will be accepted after 2:00 P.M. Friday, January 24 2014. For assistance please contact David Fox with Fred Fox Enterprises at 1(888) 223-9795 or Tanja Gerhartz, City of Winter Garden Economic Development Director at (407) 656-4111 Ext. 2308.***