

City of Rocky Mount Housing Repair Matching Rebate Program



Please complete this application in its entirety and attach all required documents.

Housing Rehab Matching Rebate Program Application				
Address of Home to be Repaired:				
Year Home Was Built:	(Must be prior to 1982)	Type of Home:	Single-Family Duplex <input type="checkbox"/> <input type="checkbox"/>	
Name of Owner:				
Name of Co-Owner:				
Owner's Address:	Physical Address	Mailing Address		
City/State/Zip:			County	
Telephone Number:				
Email Address:				
Investor Owned:	Amount of Monthly Rent Charged:		Is the Property Occupied Now?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Repairs Needed				

I understand the terms and conditions of the Housing Rehab Matching Rebate Program and I certify that all information submitted on my application is accurate and complete.

Applicant Signature

Date

(Co)Applicant Signature

Date

Staff Signature

Date