



High Point Housing Rehabilitation Assistance Program – Eligibility Screening Form

(Please note that this is NOT an application. You will be contacted regarding your eligibility. Thank you!)

PLEASE RETURN FORM TO: City of High Point, CD&H, P. O. Box 230, High Point, NC 27261 OR 336-883-3355 (Fax)

Date: _____ Do you or any of your relatives work for the City? _____ If so, who? _____
 Which department? _____

Applicant Data

Name of Applicant: First _____ Middle _____ Last _____
 Name of Co-Applicant: First _____ Middle _____ Last _____
 Mailing Address of Applicant: _____ City _____ State ____ Zip _____
 Phone Numbers: Home _____ Work _____ Cell _____
 Email: _____
 Contact Person (if different from Applicant): _____ Phone: _____

Property Data

Is the property address different from the mailing address of the applicant: Yes No
 Property Address (if different): _____ City _____ State ____ Zip _____
 List items in the home that need rehabilitation/adding (e.g., roof, windows, plumbing, handicap ramp, etc.):

 Was the property built prior to 1978? Yes No
 How many people live in the home? _____ How many children under age 18? _____ Ages _____
 At least one member of the household is: Aged 62 or older Handicapped/Disabled Household Size 5+
 Single-Parent Household Veteran – not dishonorably discharged
 Do you have any children with an elevated blood lead level (<10µg/dl)? Yes No

Income Data

What is your annual household income? \$ _____

Maximum Income Per Category (HUD) – 2019*

Family Size	1	2	3	4	5	6	7	8
30% AMI	\$12,900	\$14,750	\$16,600	\$18,400	\$19,900	\$21,350	\$22,850	\$24,300
50% AMI	\$21,500	\$24,550	\$27,600	\$30,650	\$33,150	\$35,600	\$38,050	\$40,500
80% AMI	\$34,350	\$39,250	\$44,150	\$49,050	\$53,000	\$56,900	\$60,850	\$64,750

Have you received assistance through any of our programs before? _____ How did you hear about our program? _____

FOR CITY OF HIGH POINT USE ONLY:
 Revision Date: June 2019
 Eligible: Yes No CTP URP CDBG-ERP CHS Weatherization OTHER _____