



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 NC 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) – 2021*

Family Size	1	2	3	4	5	6	7	8
30% AMI	\$14,000	\$16,000	\$18,000	\$20,000	\$21,600	\$23,200	\$24,800	\$26,400
50% AMI	\$23,350	\$26,700	\$30,050	\$33,350	\$36,050	\$38,700	\$41,400	\$44,050
80% AMI	\$37,350	\$42,700	\$48,050	\$53,350	\$57,650	\$61,900	\$66,200	\$70,450

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 2021

Eligible: Yes No CTP URP CDBG-ERP CHS Weatherization OTHER _____