

# PRE-APPLICATION FOR CITY OF KENT HOUSING PROGRAMS

Mail or Fax To:

City of Kent Community Development Department  
930 Overholt Road  
Kent, Ohio 44240  
Phone – 330-678-8108  
Fax – 330-678-8030

This form is used to determine an applicant's basic eligibility for participation in one of the City of Kent's Housing Programs. The applicant's name may be placed on a waiting list based on the availability of funding. The applicant will be asked to complete a more detailed application at the time they are processed for assistance.

\_\_\_\_\_  
Applicant(s) Name

\_\_\_\_\_  
Daytime Phone

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

\_\_\_\_\_  
City / State / ZIP

\_\_\_\_\_  
Address of Property to Be Assisted (if known)

\_\_\_\_\_  
email address

\_\_\_\_\_  
Current Total Household Income

\_\_\_\_\_  
Number of Persons in Household

I am interested in the following program (please check one):

\_\_\_\_\_ **Owner Occupied Housing Rehabilitation**

\_\_\_\_\_ **Rental Housing Rehabilitation**

\_\_\_\_\_ **Homeownership Assistance**

Have you received assistance from the City of Kent previously in the form of a housing rehabilitation or downpayment assistance loan?

\_\_\_\_\_ Yes                      What Year? \_\_\_\_\_ Amount \_\_\_\_\_

\_\_\_\_\_ No

**The next three questions only need to be answered by persons seeking assistance through the Owner Occupied or Rental Housing Rehabilitation Programs. If you are seeking Homeownership Assistance, skip these three questions.**

How long have you lived in your house? \_\_\_\_\_

If you currently own your property and are seeking a loan for rehabilitation, what do you estimate to be the current value of your property (use a recent appraised value if you have one but an appraisal is not required)

\_\_\_\_\_

How much do you currently owe (current debt) on the property (include all loans secured by home)?

\_\_\_\_\_

**I (We) certify that the information given is true and accurate to the best of my (our) knowledge. I (We) also understand that this form is not a commitment on the City's part to provide funding, that my (our) name may be placed on a waiting list and that we will be asked to fill out a more detailed application at the time when assistance can be provided. I (we) understand that the Homeownership Assistance program requires my (our) participation in a Homebuyer Counseling Program.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature