

Columbia Cascade Housing Corporation
Mid-Columbia Home Repair Program
General Guidelines

- CCHC is gathering information about the current need for home repairs in Hood River and Wasco counties, in anticipation of a funding application.
- Funding, if awarded, may not be available until mid-to-late 2018
- Must be primary residence of the homeowner (rentals are not allowed, but renting a pad is allowed if you are buying your home)
- The primary work must be for health and safety reasons
- Mobile homes 1978 and newer are eligible
- Grants up to \$15,000 may be available for low income homeowners in Hood River, Wasco and Sherman counties

Please complete the attached Needs Summary so we can gather information and create a waitlist for funding. Questions? Call Dave Peters at 541-370-2746 or Mario Heredia at 541-370-2821. Se habla Español.

Please return completed forms to:
Mid-Columbia Housing Resource Center
500 E 2nd St.
The Dalles, OR 97058

Columbia Cascade Housing Corporation

Needs Summary

REGIONAL HOME REPAIR GRANT PROGRAM

This is an Equal Opportunity Program. Discrimination is prohibited.

SCREENING PROCESS

Please return applications to: **Columbia Cascade Housing Corporation, 500 E 2nd St, The Dalles, Oregon 97058**

APPLICANT AND CO-APPLICANT INFORMATION

APPLICANT				CO-APPLICANT			
Name				Name			
Mailing Address				Mailing Address			
Phone Number			Birth Date	Phone Number			Birth Date
Known or estimated Credit score : _____		E-mail Address Highest Education (circle) None primary HS/GED College		Known or estimated Credit score : _____		E-mail Address Highest Education (circle) None primary HS/GED College	

MEMBER HOUSEHOLD INFORMATION

Number of people in household:			Female head of household ____ Yes ____ No	
<i>White</i>	<i>Black</i>	<i>Hispanic</i>	Number in household who are:	
<i>Am. Indian or Alaskan Native</i>	<i>Asian or Pacific Islander</i>		<i>Male</i>	<i>Female</i>
<i>Handicapped</i>	<i>Migrant/Farmworker</i>		<i>Veteran</i>	<i>Disabled Veteran</i>

PROPERTY TO BE IMPROVED

Physical Address of Home:		Tax Assessed Value: \$	
Date Purchased:		Purchase Price: \$	
1 st Mortgage Balancer: _____		2nd Mortgage Lender _____	
Monthly payment: _____		Monthly payment _____	
Type of Heat:		Approximate Square Feet:	
Number of Bedrooms:		Mobile home or stick built? _____ On foundation? _____ Do you own/buying land? Yes ____ No ____ Year built: _____	

Monthly Income	ASSETS
Applicant:\$ _____ Co-applicant \$ _____	Checking:\$ _____ Other \$ _____
Other:\$ _____	Savings\$ _____

Monthly Expenses

Utilities:
Loan payments:
Credit card payments:
Phone/internet/cable:
Food:
Other:

HOME REPAIRS NEEDED (Please describe repairs in detail)

Heating/Cooling
Foundation/Siding
Electrical/Plumbing:
Roof/Gutters
Insulation/Doors/Windows
Special needs/Accessibility
Other:

HOUSEHOLD INCOME

Applicant		Co-Applicant	
Income Source	Monthly Amount	Income Source	Monthly Amount

Applicant

Date

Co-Applicant

Date