## THURSTON HOUSING REHABILITATION PROGRAM INTEREST FORM

The Town of Thurston has been awarded a grant to assist homeowners with repair and rehabilitation of their homes and plans to apply for other grant opportunities in the future. If you are interested in potentially receiving assistance from a Town housing rehabilitation program in the future, please fill out the form below. Please note that filling out this form does NOT require you to participate in a future housing rehabilitation program offered by the Town should funding be received and does NOT guarantee you will receive assistance from a Town housing rehabilitation program.

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	YES	NO
If the Town receives funding for housing rehabilitation and you are eligible, would you be interested in potential assistance?		
Do you or your family own your home?		1

2. Building Type (please check one):

Stick-Built or Modular	
Mobile Home	
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3. Please circle the number of people (including children) living in your household in the left column. Then, to the right on the same line, circle your total household income from all sources except student loans or loans from the G.I. bill.

(START HERE) If the Number of People in Your Household Is	Circle if Your Total Family Income is BELOW or EQUAL TO	Circle if Total Family Income is BETWEEN or EQUAL TO	Circle if Total Family Income is EQUAL TO or ABOVE
1	\$29,400	\$29,401 and \$47,050	\$47,050
2	\$33,600	\$33,601 and \$53,850	\$53,851
3	\$37,800	\$37,801 and \$60,500	\$60,501
4	\$42,000	\$42,001 and \$67,200	\$67,201
5	\$45,400	\$45,401 and \$72,600	\$72,601
6	\$48,750	\$48,751 and \$78,000	\$78,001
7.	\$52,100	\$52,101 and \$83,350	\$83,351
8	\$55,450	\$55,451 and \$88,750	\$88,751

Your Name	Phone:	
Owner's Name:	Phone:	
Street Address:		
Email Address:		zanakhinazananyainan jirayilgo oskuu
I condensed that this information		

I understand that this information may be used by the Town of Thurston and Southern Tier Central Regional Planning & Development Board to apply for grant funding as needed. I certify that the information contained in this form is true and accurate to the best of my knowledge.

Your Signature:		Date:
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