



Regional Housing Rehabilitation Loan Program (RHRP)

Full Name: _____ Date: _____

Property Address: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Circle below your matching *gross income/household size* to see if your family income is within HUDs limits.

Household size	1	2	3	4	5	6	7	8
<u>Maximum</u> Income	\$44,600	\$51,000	\$57,350	\$63,700	\$68,800	\$73,900	\$79,000	\$84,100

- Do you own the home and land to be rehabilitated? Yes No
- Is it your primary residence, (Are you living in it)? Yes No
- What is the Real Market Value of Land and Improvements? \$ _____
(See your County Property Tax Statement)
- What is the amount owed on the property? \$ _____
- What type of repairs are you considering? Check all that applies, and/or list any additional issues below.

<input type="checkbox"/>	Roof	<input type="checkbox"/>	Windows & Doors	<input type="checkbox"/>	Drainage Issues
<input type="checkbox"/>	Foundation	<input type="checkbox"/>	Insulation	<input type="checkbox"/>	List Any Other Issues Below:
<input type="checkbox"/>	Dry Rot	<input type="checkbox"/>	Siding	<input type="checkbox"/>	
<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Accessibility	<input type="checkbox"/>	
<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Water System	<input type="checkbox"/>	
<input type="checkbox"/>	Heating System	<input type="checkbox"/>	Sewer Lines	<input type="checkbox"/>	
<input type="checkbox"/>	Water Heater	<input type="checkbox"/>	Septic/Drain Fields	<input type="checkbox"/>	

Thank you,
When completed mail it back to... or email it to... or call...

St. Vincent de Paul
RHRP Dept.
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Eugene, OR 97402

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