



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	\$51,350	\$58,700	\$66,050	\$73,350	\$79,250	\$85,100	\$91,000	\$96,850

1. Do you own the home to be rehabilitated? Yes No
2. Do you own the land that the home is on? Yes No
2. Is it your primary residence, (Are you living in it)? Yes No
3. What is the Real Market Value of Land and Improvements? \$ _____
(See your County Property Tax Statement)
4. What is the amount owed on the property? \$ _____
5. 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"/>	<i>List Any Other Issues Below:</i>
<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...
St. Vincent de Paul
RHRP Dept.
P.O. Box 24608
Eugene, OR 97402

or email it to...
andy.clay@svdp.us

or call...
(541) 743-7128