

Union County Home Improvement Program

Pre-application Form

Name: _____

Address: _____

Telephone Home: _____ Work : _____

FAMILY COMPOSITION

Number of Persons

Elderly (62 or older)	_____
Adults (19-61 years)	_____
Minors (18 or younger)	_____
Total in Household	_____

Check your Answer to the Following:

Handicapped Person Family	_____ Yes	_____ No
Head of Household is Elderly	_____ Yes	_____ No
Head of Household is Female	_____ Yes	_____ No

ANNUAL FAMILY INCOME (from all sources):

Salary	\$ _____
Social Security/Retirement	\$ _____
Interest/Dividends	\$ _____
Other (Identify _____)	\$ _____
Total	\$ _____

HOME IMPROVEMENT NEEDS:

Briefly describe the needed improvements: _____

Preapplicants Signature: _____ Date: _____

Please return Preapplication Form to:

Development Directions LLC
2109 St. Georges Avenue
Rahway NJ 07065
732-382-8100 Fax 732-382-7800