

**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  
2 City Hall Plaza  
Rahway NJ 07065  
732-382-8100 Fax 732-382-7800