

2014 Single Family Rehab Grant Program Application

Moore County Planning & Community Development Department

Application due to Planning Department by 5pm on Tuesday, September 30th

Homeowner Name: _____

Physical Address of Home: _____

Mailing Address: _____

Point of Contact (If different than homeowner): _____

Telephone Number(s): _____

Monthly Income (SNAP, Social Security, SSI, Pension, Wages from Job, etc.) = _____

First and last names of persons living in home (including homeowner)	Birth Date	Disability - including physical or mental but not related to substance abuse (Yes/No)	Child with elevated blood lead levels living in the home? (Yes/No)	Received prior housing rehab assistance from Moore County? (Yes/No)

Mail completed form to:

Stephanie Cormack
Moore County Planning & Community Development Dept.
PO Box 905
Carthage, NC 28327

Provide information to all questions. Information provided here may be used to make decisions on who is served. All program information is kept confidential. Please call Planning & Community Development with questions at 910-947-5010.