



**ARMSTRONG COUNTY**  
**DEPARTMENT OF PLANNING AND DEVELOPMENT**  
**HOUSING REHABILITATION PROGRAMS**  
**INTAKE QUESTIONNAIRE**

Date: \_\_\_\_\_

Name of Prospective Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_ East Franklin Township    \_\_\_\_ Kiskiminetas Township    \_\_\_\_ Manor Township

Telephone #: \_\_\_\_\_ Alternate Name/Telephone # \_\_\_\_\_

Age of Prospective Applicant: \_\_\_\_\_

Total number of persons living in household: \_\_\_\_\_

Ages of those living in household: \_\_\_\_\_

Annual Income of Household including those 18 years of age and older (Includes all *gross income (before taxes) from all current sources; including employment, social security, and dependents who receive social security, disability, pension, child support, alimony, unemployment, etc....*)  
 \$ \_\_\_\_\_

Are you the owner occupant of your home? Yes \_\_\_\_ No \_\_\_\_

Do you have a recorded deed? Yes \_\_\_\_ No \_\_\_\_

Are you a renter? Yes \_\_\_\_ No \_\_\_\_

Please classify your home type as follows:

Single- family housing unit \_\_\_\_\_ Duplex in which you reside \_\_\_\_\_ Multi-family housing unit \_\_\_\_\_

Trailer/Mobile home on lot that you own \_\_\_\_\_ Trailer/Mobile home located in a mobile home park \_\_\_\_\_

Are you a Female head of household (Adult woman with children, no adult male in household)?

Yes \_\_\_\_ No \_\_\_\_

**ETHNICITY:**    Hispanic or Latino \_\_\_\_    Not Hispanic or Latino \_\_\_\_

**RACIAL GROUP:** White \_\_\_\_, Black/African American \_\_\_\_, Asian \_\_\_\_, American Indian/Alaskan Native \_\_\_\_, Native Hawaiian/Other Pacific Islander \_\_\_\_, American Indian/Alaskan Native & White \_\_\_\_, Asian & White \_\_\_\_, Black/African American & White \_\_\_\_, American Indian/Alaskan Native & Black/African American \_\_\_\_, Other Multi-racial \_\_\_\_.

What general home improvements are needed:

\_\_\_\_\_

Are you permanently disabled as declared by a Physician: Yes \_\_\_\_ No \_\_\_\_

Type of Disability (description) \_\_\_\_\_

Do you need handicap improvements to your home? Yes \_\_\_\_ No \_\_\_\_

If yes, what handicap improvements are needed?:

\_\_\_\_\_

Please email all forms to [slconklin@co.armstrong.pa.us](mailto:slconklin@co.armstrong.pa.us) or mail to Armstrong County Department of Planning and Development, 402 Market Street, Kittanning, PA 16201