

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

Date: _____

Name of Prospective Applicant: _____

Address: _____

Municipality: _____

Telephone #: _____ Alternate Name/Telephone #: _____

Age of Prospective Applicant: _____

Total number of persons living in household: _____

Ages of those in 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 kaheilman@co.armstrong.pa.us or mail to Armstrong County Department of Planning and Development, 402 Market Street, Kittanning, PA 16201



The County of Armstrong does not discriminate on the basis of race, color, religion, sex, handicap (disability), familial status (families with children) or national origin, age, ancestry and use of guide or support animals because of blindness, deafness or physical handicap of the user or because the user is a handler or trainer of support or guide animals.