CITY OF COMMERCE

SUBSTANTIAL REHABILITATION HOUSING PROGRAM INTEREST FORM

Name of Applicant: _____

Name of Co-Applicant: _____

Mailing Address: _____

Telephone Number: _____

Number of people living in household? Adults:_____ Children: _____

Income of **ALL** persons living in the home (specify total **ANNUAL** amount): $_____

Is your gross household income less than the moderate income level (120% of area median income AMI) adjusted for your family size? See income limits below.

YES NO (if **NO**, you are not eligible for the Program)

If you answered "**YES**" to the above, please indicate what improvements are needed at your home.

_____
_____
_____
_____

2010 HOUSEHOLD INCOME LIMITS

Family Size	1	2	3	4	5	6	7	8
Moderate Income (120% of Area Median Income)	$52,900	$60,500	$68,050	$75,600	$81,650	$87,700	$93,750	$99,800

Note: City staff will contact you when funding is available to continue the application process.