

City of Rock Island
IHDA-HRAP 2 Waiting List Form

Date Received: _____

Time Received: _____

Name (Head of Household): _____

Address: _____

City: _____ County: _____ Zip Code: _____

Email: _____

Phone (Home): _____

Phone (Work): _____

Approximate Annual Household Income: \$ _____

Type of income (i.e., salary, retirement, social security): _____

Number of people living in the house: _____

Do you have a mortgage on this property (Y/N):

Are you current with your mortgage payment (Y/N):

Current total monthly housing payment
(Mortgage Payment, Taxes, Insurance, HOA): \$ _____

Do you have any other liens on the property? (Y/N):

If yes, list the types of all liens (i.e. mechanic's lien, home equity loan, home equity line of credit): _____

Does your property have any tax liens? (Y/N):

Is this property your sole residence? (Y/N):

Does the household have Limited English Proficiency? (Y/N):

Preferred Language:

Note to Applicants: Complete this form to join the waitlist for the Home Repair and Accessibility Program (HRAP). Please answer all questions to the best of your knowledge. The submitted information will be verified at the time of application. Incomplete forms may be rejected for lack of completion.