



## INTEREST FORM

*The information on this form will be shared with Action Housing, the program administrator for Allegheny County*

Full Name \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Briefly describe the repairs you would like considered for your home:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of people who live in your home: \_\_\_\_\_

Based on the number of people noted above, is your income LESS than the amount in column B below?    ☐ YES    ☐ NO

# Occupants of the Home	COLUMN B (Max income to qualify)
1	\$53,100
2	\$60,700
3	\$68,300
4	\$75,850
5	\$81,950

Please return this form to via mail to 1705 Maple St, Homestead, PA 15120

Or visit <https://bit.ly/WholeHomeRepair> to complete the form online.