Survey/Interest in Participation

Name:	Phone:	
Address:	Email:	
	# of People in Household:	
	Est. Gross Annual Income:	
This letter shows my interest in participating in the ov	wner-occupied rehabilitation program, as outlined below.	
Return form by FRIDAY, NOVEMBER 8TH, 2	2024 for inclusion in the preliminary proposal!	
 on the completion of a full application packet. Participants in the program must be income-qua Home must have needs that go beyond basic ma The work that can be done with SCDP funds is features such as windows, doors, furnaces, plus 	I applicants will be prioritized on a first-come, first-served basis, based lified, 80% or below the county median income. (See income limits on front paraintenance. generally limited to repairs or replacement of existing, deteriorated lumbing, roofs, etc. I understand no "remodeling" can be done with rovements are allowed. I have identified the following work that seems	
 There will be a deferred loan (lien) placed on the residence, transferred or otherwise conveyed wit be required to be repaid to the City of Brainerd The rehabilitation must be coordinated through the bids must be received for the work. Any work do SCDP funding. After reviewing the above, I am interested in participation.	he Brainerd Housing & Redevelopment Authority and competitive ne before coordinating with the Brainerd HRA will not be eligible for	
Print Name		
i initivanie		
Signature	Please return to: Hannah, City of Brainerd HRA	
Brainerd HRA	324 East River Road	
brainera HKA	Proipord MN 56401	

Email: Hannah@brainerdhra.org