

**Request for  
Assistance  
Community  
Development  
Office  
Fee: None**



Development Services  
P.O. Box 1129  
New Bern, NC 28563-1129  
(252) 639-7580  
Fax 252-636-2146

Address of home for which assistance is requested:

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Unit is currently (check one):  Occupied by owner  
 Tenant occupied (rental)  
 Vacant

(If the unit is vacant, when was it last occupied? \_\_\_\_\_)

Number of Occupants: \_\_\_\_\_ Estimated household income: \_\_\_\_\_

Is the residence on city/county water? Yes No                      Sewer? Yes No

Type of heating?    Electric      Gas/Oil              Kerosene    Other      None

**Please identify areas that need repair: (check all that apply)**

Windows/doors: \_\_\_\_\_ Floors: \_\_\_\_\_ Walls: \_\_\_\_\_ Ceilings: \_\_\_\_\_

Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Electrical: \_\_\_\_\_

Other: (please describe) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Community Development Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Revised January 27, 2016

*Everything comes together here.*