



CITY OF SHREVEPORT

Bureau of Housing and Business Development



PRELIMINARY APPLICATION REQUEST FOR SERVICES

Date of Application _____

Neighborhood _____

Council District _____

Services Requested: (Please Check)

- Emergency Rehab, Handicap Accessibility, HAPPI, Limited Repair, Lead Base Paint, PYHO-Federal, Raise the Roof, Reconstruction, Special Projects, World Changers

FOR OFFICE USE ONLY
Year, Program Code, Applicant No., Inspector Assigned, Date Inspected

Applicant Name, Co-Applicant Name, Social Security #, Home Telephone No., Date of Birth, Monthly Income, Property Address, Mailing Address, Place of Employment, Employer Address, Employer Telephone, Race, Number of Household Members, Physical Characteristics of House, Briefly describe services needed for house

I realize that this is on a preliminary Request for Services and does not constitute a guarantee that services will be provided or that a loan or grant will be approved. I understand my Request for Service will be processed on a first-come, first-serve basis, depending upon funding availability.

Signature of Applicant: _____

Date: _____