

Application Summary Form - Part "B"

Unit # _____ (County to assign)

Applicant Name: _____

Telephone #: _____

Mailing Address: _____

Town/City/Zip: _____

Street Address: _____

**HYDE COUNTY CDBG NEIGHBORHOOD REVITALIZATION PROGRAM
APPLICATION FOR HOUSING ASSISTANCE**

The following information should be filled out by the owner-occupant of the dwelling unit to be repaired.

1. List all household members.

a) Name of Head of Household: _____ Age: _____ Sex: _____

Race: White Black American Indian Hispanic Other (list) _____

Other Household Members

<u>Name</u>	<u>Relationship to Head of Household</u>	<u>Age</u>	<u>Sex</u>
b)			
c)			
d)			
e)			
f)			
g)			
h)			

2. Telephone # of Owner: Home: _____

Cell or Alternate: _____

Cell or Alternate: _____

**PLEASE RETURN TO Hyde County Planning Department
Attn: CDBG Administrator
30 Oyster Creek Road
Swan Quarter, NC 27885**