NHSNYC
BRIDGING THE GAP
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Home Repair Intake Form

Please complete the information below to help us assess your eligibility and needs for available rehabilitation programs.

Borrower Information

Borrower Name(s): _____

Property Address: _____

Phone Number: _____

Email Address: _____

Date Property Was Acquired: _____

Property & Household Details

Number of Existing Loans/Liens on

Property: _____

Number of Occupants in the Home: _____

Annual Household Income: $_____

Monthly Debt Obligations

- Mortgage Payment: $_____
- Car Payment/Lease: $_____
- Credit Cards: $_____

- Personal Loans: $_____
- Student Loans: $_____
- Other Debt (please specify): $_____

Assets
Total Checking/Savings Account Balances: $_____

Repairs Needed (Check all that apply):

- ☐ Water Main Break Repairs
- ☐ Roof Repair
- ☐ Heating System Repairs
- ☐ Plumbing
- ☐ Electrical Repairs
- ☐ Window Repairs
- ☐ Accessibility Enhancements (Stair Lift/Wheelchair Ramp)
- ☐ Safety Features (Grab Bars, Handrails, etc.)
- ☐ Other_____

Program of Interest (Select One):

- ☐ **HomeBridge Program** ($20,000–$30,000)
- ☐ **Rapid Repair Program** ($10,000)