



Central City East Homeownership Rehabilitation Program

Statement of Interest

Name: _____	
Last	First
Address: _____	
Zip Code: _____	Phone Number: _____

What Types of Repairs Are You Interested in Making?

Check all that apply:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Driveway | <input type="checkbox"/> Front Porch | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Front Steps | <input type="checkbox"/> Roofs |
| <input type="checkbox"/> Exterior Lighting | <input type="checkbox"/> Gate | <input type="checkbox"/> Walkway |
| <input type="checkbox"/> Exterior Painting/Siding | <input type="checkbox"/> Gutters/Downspouts | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Fence | <input type="checkbox"/> Historic Façade Restoration | |

For Additional Information About the Homeownership Rehabilitation Program, Eligibility, Options, Etc Please Review the Brochure, or Call 510-238-3909

Additional Questions or Comments: _____

If Interested Please Complete Form, Fold, Staple/Tape and Drop Into Mail (Postage Not Included) or Drop Off at 250 Ogawa Plaza, Ste 5313

For Translation Assistance, Please Contact us at XXX-XXXX

From: _____

CCEHRP Staff
CEDA/Redevelopment Agency
250 Frank Ogawa Plaza, Ste 5313
Oakland, CA 94612-2034