



**NEIGHBORS OF
WATERTOWN, INC.**

**A Neighborhood Preservation Company
Serving Watertown Since 1969**

Owner Occupied Rehabilitation Program

Applicant Information

Name: _____ Date: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Total Units: _____ #People in Household: _____ # of children under 18: _____

of people over 60: _____ # of people that are Disabled: _____

Are you a Veteran who served at least 90 active days during a time of War? YES NO

Are you a single parent with minor children? YES NO

Is your home a mobile/manufactured home? YES NO

If yes, is it a single or double wide? _____

Do you have tenants in this property? YES NO

Have you received State/Federal grant assistance before? YES NO

DATE OF WORK:	WORK DONE:	COST OF WORK:



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