

CITY OF BELLE PLAINE, IOWA
OWNER - OCCUPIED HOME REHABILITATION GRANT
APPLICATION FORM

Date of Application: _____

Applicant Name: _____

Applicant Street Address*: _____

*NOTE: Must present Proof of Ownership.

I, _____, the applicant, certify that I am the owner of the address listed above and that I occupy this address and am eligible for application of this grant.

signature

Proposed property improvements:

Construction estimates: (attach minimum of 2 estimates)

***See attached for complete program guidelines.**