

**South East Texas Regional Planning Commission  
CDBG Round 2.2 Disaster Recovery Housing Program  
Applicant Information Form**

Contact Information					
Last Name:					
Middle Name:					
First Name:					
<b>Current Address:</b>					
City:		State:		Zip:	
County:					
<b>Disaster Address:</b>					
City:		State:		Zip:	
County:					
Home Phone:		Daytime Phone:			
Mobile Phone:					
Email Address:					

Additional Information	
Are you currently the owner of this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you the owner at the time of the storm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was this property your primary residence at the time of the storm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the disaster property receive damage from Hurricanes Ike or Dolly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many people currently live in your household:	
What is your estimated annual household income (total of everyone, ages 18 and older):	
Is anyone in the household 65 years old, or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is anyone in the household disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Please Return Form to :**

South East Texas Regional Planning Commission  
2210 Eastex Freeway  
Beaumont, TX 77703