PRESERVATION RESOURCE CENTER of NEW ORLEANS

REVIVAL GRANTS

Preserving Affordable Housing in New Orleans Historic Districts

Preservation Resource Center follows equal housiang opportunity policies to ensure there is no discrimination in our selection process. PRC Revival Grants provide funding to hire licensed and insured contractors from our verified contractor list to perform repairs on homes with HDLC violations in full control districts to bring them into compliance. The PRC scope is generally limited to MINOR PROFESSIONAL work on the EXTERIOR of the property. Homeowners will be contacted by PRC to schedule an initial home evaluation.

ELIGIBILITY								
STATUS:	Over 60	Disability		Veteran	Single head of household			
FAMILY SIZE:	1	2	3	4	5	6	7	
80% AMI	\$36,750	\$42,000	\$47,250	\$52,500	\$56,700	\$60,900	\$65,100	

1. HOME TITLE HOLDER INFORMATION

NAME HOMEOWNER 1	BIRTHDATE						
NAME HOMEOWNER 2	BIRTHDATE						
NEIGHBORHOOD	STREET ADDRESS						
WEIGHBONHOOD	OTTLETTIBBREGO						
ZIP CODE HOME PHONE	CELL PHONE	EMAIL					
Alternative contact information (family, etc.):							
NAME RELATIONS	HIP	TELEPHONE NUMBER					
Number of people living in house: #							
2. REPAIRS NEEDED							
Do you know what violations on your property have been recorded by the HDLC? If yes, check below. Attach document of citation if available. Yes No							
MISSING OR IMPROPER:							
Windows Doors Siding Gutters	Fascia/soffit	Handrail/guardrailLighting					
Shutters Steps or porches Woodwork	Vegetation	Roofing Fencing Masonry					
What is the date on your citation?/							

3. PROPERTY INFORMATION							
HOUSE SIZE Single 1 Story Double 2 Story Triplex Camelback	Animals on premise: #						
3. OWNERSHIP INFORMATION							
How many generations of your fam	e of the home?						
Do you currently have a mortgage? Y/N Monthly amount: \$ Do you pay every month? Y/N Does the homeowner own any other property inside or outside Louisiana? Yes No If yes, list addresses:							
5. HOUSEHOLD MONTHLY INCOME (for eligibility purposes):							
Homeowner name:							
Monthly Income: \$	Source (SS/pension/work/rent):						
Other Resident name:							
Monthly Income: \$	Source (SS/pension/work/rent):						
COMPLETED) BY:						
	RETURN APPLICATION TO						

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c. **504-301-5020**

o. 504-636-3074