



**Interest Form
Due December 31, 2013**

Date _____

Community _____ Neighborhood _____

Address (include zip code) _____

Homeowner's Name _____

Homeowner's Phone Number(s) _____

Approximate Monthly Household Income/Number of household residents:
\$ _____ per month | _____ no. of residents

Please describe the work that needs to be done (*be as specific as possible*).

Please give any other pertinent information that might help to make the selection decision.

PLEASE RETURN TO:

**DEPARTMENT OF HUMAN SERVICES
Division of Community Programs
301 Albemarle Drive
Chesapeake, Virginia 23322
(757) 382-1511
Fax (757) 382-8762**

If further information is needed, please call 382-1511 or 382-6456.