

**Request for Assistance
Community
Development
Office
Fee: None**

City of New Bern



**Sue Steinhauser
(252) 639-7586
steinhausers@newbern-nc.org
Fax: (252) 636-2146**

Address of home for which assistance is requested:

Applicant's Name: _____

Mailing Address: _____

Daytime Phone Number: (_____) _____

Owner's Name: _____

Unit is currently (check one): _____ Occupied by owner
_____ Tenant occupied (rental)
_____ Vacant

(If the unit is vacant, when was it last occupied? _____)

Number of Occupants: _____ Estimated household income: _____

Is the residence on city/county water? Yes No Sewer? Yes No

Type of heating? Electric Gas/Oil Kerosene Other None

Please identify areas that need repair: (check all that apply)

Windows/doors: _____ Floors: _____ Walls: _____ Ceilings: _____

Roof: _____ Plumbing: _____ Electrical: _____

Other: (please describe) _____

Signature: _____ Date: _____

Community Development Notes:

Revised May 10, 2005