



ARMSTRONG COUNTY  
 DEPARTMENT OF PLANNING AND DEVELOPMENT  
ARMSTRONG COUNTY SENIOR HOME REPAIR PROGRAM  
INTAKE QUESTIONNAIRE

Date: \_\_\_\_\_

Name of Prospective Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Alternate Name/Telephone # \_\_\_\_\_

Age of Prospective Applicant: \_\_\_\_\_

Total number of persons living in household: \_\_\_\_\_

Annual Income of Household including those 18 years of age and older (Includes all **gross income (before taxes) from all current sources; including employment, social security, and dependents who receive social security, disability, pension, child support, alimony, unemployment, etc...**: \$ \_\_\_\_\_

Are you the owner occupant of your home? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a recorded deed that is in your name? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a renter? Yes \_\_\_\_\_ No \_\_\_\_\_

Improvements needed as follows (answer all that applies):

Furnace repair \_\_\_\_\_ Is the furnace working? \_\_\_\_\_

Main house roof repair \_\_\_\_\_ When did the main house roof start leaking? \_\_\_\_\_

Both furnace and roof repair \_\_\_\_\_

Please email all forms to [cejohnson@co.armstrong.pa.us](mailto:cejohnson@co.armstrong.pa.us) or mail to Armstrong County Department of Planning and Development, 402 Market Street, Kittanning, PA 16201

