

## Local Housing Assistance Program Inquiry Form

- 1) Except for "Your Comments" all fields are required
- 2) Clicking the "Submit My Intake Form" button (at the Bottom of this page) will open your computer's email program, Insert our email address, so all you need to do is *Send*
- 3) A copy of the Intake Form will be saved to your *Sent Mail* folder



**Community  
Redevelopment  
Associates  
of Florida, Inc.**  
954-431-7866  
www.crafla.com

### Choose Your City:

Coconut Creek  
Cooper City  
Coral Springs  
Miramar  
Pembroke Pines  
Plantation

### Choose Your Program(s):

Home Purchase  
Home Rehabilitation  
Home Foreclosure Prevention  
Utility Connection Help  
Rental Deposit Help  
Commercial Rehabilitation

Applicant Name: \_\_\_\_\_

Applicant Email: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone (optional): \_\_\_\_\_

Family Size: \_\_\_\_\_ Anticipated Annual Gross Income: \$ \_\_\_\_\_

Your Comments:

*The following information is for statistical purposes only:*

### Choose Any Combination:

Elderly  
Farm Worker  
Homeless  
Person(s) with AIDS  
Handicapped  
Other

### Choose One:

White, non-Hispanic  
Black, non-Hispanic  
Hispanic  
Asian  
American Indian  
Other

***Need to start over? Click here***

***Then submit here***

***And we'll get back to you soon***