

Local Housing Assistance Program Inquiry Form

- 1) All fields are required unless marked "optional."
- 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:

Miramar
Pembroke Pines

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:
(optional)

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