CITY OF LAKEPORT
HOUSING & COMMUNITY DEVELOPMENT DEPARTMENT
225 PARK STREET, LAKEPORT, CA 95453
phone: (707) 263-5615 x20 / fax: (707) 263-8584
kingram@cityoflakeport.com

REQUEST FOR EMERGENCY HOUSING FUNDS

☐ OWNER ☐ TENANT

Name _____

Property Address _____

Mailing Address _____

City, State, Zip_____

Phone _____Fax_____

Email _____

Number of persons In household _____

Monthly income _____

Source of income _____

*Please submit most recent Federal/State tax return & last three months of checking/savings account statements for income verification purposes.

Please explain your reason for requesting Emergency Housing Grant or Loan funds, including information on existing emergency situation(s) and/or hardship condition(s) and the amount of funds requested:

_____

_____

_____

_____

_____

_____

_____

_____ _____
Signature Date

FOR STAFF USE ONLY: FINDINGS AND DECISION

_____

_____

_____

_____

_____

MARGARET SILVEIRA, CITY MANAGER _____ _____

DATE _____