



INTEREST FORM

The information on this form will be shared with Action Housing, the program administrator for Allegheny County

Full Name _____

Phone _____ Alt Phone _____

Email _____

Home Address _____

City, State, Zip _____

Briefly describe the repairs you would like considered for your home:

Number of people who live in your home: _____

Based on the number of people noted above, is your income **LESS** than the amount in column B below?

YES NO

# Occupants of the Home	COLUMN B (Max income to qualify)
1	\$53,100
2	\$60,700
3	\$68,300
4	\$75,850
5	\$80,950

Please return this form to via mail to 1705 Maple St, Homestead, PA 15120

Or [click on this link](#) to complete the form online.