



CITY OF COMMERCE
HOME IMPROVEMENT PROGRAM INTEREST FORM

Date of Inquiry: _____

Name: _____

Street Address: _____

Home Phone: _____ Cell Phone: _____

1. What improvements are needed at your Home?:

2. Have you participated in a one of our Housing Programs in the past? Yes No

3. If you participated in the past, which program and what year? _____

4. Other Questions/Comments:

