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## WAITING LIST REFERRAL FORM

Fill out and retu	urn to the Depar	tment as soon	as possible. Plea	se print.	
Date:					
Applicant Nam	e:				
Name(s) on De	ed:				
Address:					
Town limits or	housing develor	oment:			
Phone No: ( )			Cell Phone/emergency No. ( )		
Type of Home:	□Site built				
☐Modular/Manufactured			☐ Own lot ☐ Rent lot		
Age of Home:			Is the home insured? ☐ Yes ☐ No		
Do you owe any County Taxes?			☐ Yes ☐ No		
**Current county	code prohibits a	ny building perm	nits to be issued for a	a property with unpaid county taxes. Therefore,	
the department	will be unable to p	erform any work	on your home until	taxes are paid in full	
Number of peo	ple in househol	d:	_		
Total gross hou	usehold income	from all source	es per year \$		
Repairs neede	d. Please chec	k all applicable	boxes.		
$\square$ Windows	□Bathroom	□ Doors	□ Electrical	□ Water/Sewer Hookup	
☐ Siding	□Kitchen	☐ Floors	□ Heat	☐ Handicap Accessibility	
☐ Roof	☐ Living Roor	n	□ Other		
Disclosure State	ment **If any of	the above conta	ct information chang	ges, you are responsible for calling Kent County	

Housing & Community Development to update your record. If we are unable to contact you when your name comes

up, we will not guarantee your spot on the waiting list.