

CITY OF VISTA
REHABILITATION INQUIRY CARD
REDEVELOPMENT & HOUSING DEPARTMENT

Owner's Name _____

Address _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

#Bedrooms _____ #Bathrooms _____ Adults/Ages ____/____ Children/Ages ____/____

Year Purchased _____ Purchase Price _____ Current Balance _____ Market _____

Repairs Needed _____

INCOME/ASSETS

Employer _____ Hourly/Salary _____

Employer _____ Hourly/Salary _____

Social Security /SSI _____ Private/Workers Comp/Disability _____

Ira _____ RetirementAccount _____ Stocks _____ Bonds _____

Child/Spousal Support _____ Unemployment Benefits _____ Veterans Benefits _____

Bank _____ ✓ /Savings _____ ✓ /Savings _____

Bank _____ ✓ /Savings _____ ✓ /Savings _____

Rental(s) _____ APN _____

Date _____ Time _____ City Representative _____