

PRESERVATION RESOURCE CENTER of NEW ORLEANS

REVIVAL GRANTS



Preserving Affordable Housing in New Orleans Historic Districts

Preservation Resource Center Revival Grants provide funding to hire licensed and insured contractors from our verified contractor list to perform repairs on homes with HDLC violations in full control districts to bring them into compliance. The PRC scope is generally limited to MINOR PROFESSIONAL work on the EXTERIOR of the property. Homeowners will be contacted by PRC to schedule an initial home evaluation.

1. HOME TITLE HOLDER INFORMATION

NAME HOMEOWNER 1 BIRTHDATE

NAME HOMEOWNER 2 BIRTHDATE

NEIGHBORHOOD STREET ADDRESS

ZIP CODE HOME PHONE CELL PHONE EMAIL

Alternative contact information (family, etc.):

NAME RELATIONSHIP TELEPHONE NUMBER

Number of people living in house: _____

2. REPAIRS NEEDED

Do you know what violations on your property have been recorded by the HDLC? ____ Yes ____ No
If yes, check below. Attach document of citation if available.

MISSING OR IMPROPER:

- ☐ Windows ☐ Doors ☐ Siding ☐ Gutters ☐ Fascia/soffit ☐ Handrail/guardrail ☐ Lighting
☐ Shutters ☐ Steps or porches ☐ Woodwork ☐ Vegetation ☐ Roofing ☐ Fencing ☐ Masonry

What is the date on your citation? _____

3. PROPERTY INFORMATION

HOUSE SIZE

- ☐ Single ☐ 1 Story ☐ Animals on premise: _____
☐ Double ☐ 2 Story
☐ Triplex ☐ Camelback

3. OWNERSHIP INFORMATION

Do you own your home? ☐ Yes ☐ No

Are there any co-owners on the title of the home? ☐ Yes ☐ No

How did you get your house? (Passed from generations? Purchased by you?) _____

How many generations of your family have lived in the house? _____

Year home was purchased: _____ Built: _____ Number of years living at the home: _____

Do you currently have a mortgage? _____ Monthly amount: \$ _____ Do you pay every month? _____

Does the homeowner own any other property inside or outside Louisiana? ☐ Yes ☐ No

If yes, list addresses: _____

5. HOUSEHOLD MONTHLY INCOME (for eligibility purposes):

1. Homeowner name: _____

Monthly Income: \$ _____ Source (SS/pension/work/rent): \$ _____

2. Other Resident name: _____

Monthly Income: \$ _____ Source (SS/pension/work/rent): \$ _____

COMPLETED BY: _____

RETURN APPLICATION TO

The Preservation Resource Center
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(504) 581-7032