

MFHP PRE-SCREENING

NAME OF HEAD OF HOUSEHOLD: _____
 CURRENT ADDRESS: _____ E-MAIL ADDRESS: _____
 CITY AND ZIP CODE: _____ FEMALE HEAD OF HOUSEHOLD: _____ YES/NO
 PHONE: HOME: _____ CELL _____ WORK _____

RENT \$	1 ST TIME BUYER PROGRAM: CIRCLE CHOICES BELOW
ETHNICITY: HEAD OF HOUSEHOLD (CHECK ONE)	AREA: DAYTONA BCH CITY VOLUSIA CNTY FLAGLER CNTY
AMERICAN INDIAN/ALASKAN NATIVE	NSP: PALM COAST DELTONA VOLUSIA COUNTY
ASIAN/PACIFIC ISLANDER	USDA BOND ONLY HBA/SHIP HABITAT
BLACK NON-HISPANIC	PREVIOUSLY HOMEOWNER? YR. PURCHASED: _____ WHERE: _____
HISPANIC	ARE YOU HOMELESS? YES/NO WANT TO RENT: YES/NO
WHITE NON-HISPANIC	ARE YOU OR ANYONE IN YOUR FAMILY DISABLED/ELDERLY
FIRST GENERATION MIXED RACE	RENTAL LOCATION PREFERENCE:

HIGHEST LEVEL OF EDUCATION:	EARNED INCOME EMPLOYER'S NAME	RATE PER HOUR	HOURS PER WEEK	OFFICE USE ONLY
MONTHLY UNEARNED INCOME				
SOCIAL SECURITY	\$			
DEPENDENT S.S.I.	\$			
DISABILITY INCOME	\$			
VA/RETIREMENT/PENSION	\$			
CHILD SUPPORT YES/NO	\$	COURT ORDER FOR CHILD SUPPORT: YES/NO		
SELF EMPLOYED #YRS #MO	OTHER INCOME\$	YEARLY INCOME TOTAL; \$		

ADULTS IN HOUSEHOLD	RELATION TO HEAD OF HOUSEHOLD	CO-APP Y/N	MARITAL STATUS
NAME	AGE	DOB	SSN
SELF			

CHILDREN IN HOUSEHOLD	RELATIONSHIP		
NAME	AGE	DOB	RELATIONSHIP

HAVE YOU EVER USED OUR SERVICES IN THE PAST? _____ WHEN? _____ WHY? _____

VETERAN: Y / N | ENGLISH PROFICIENT: Y / N | 1ST GENERATION HOME BUYER? Y / N | PLACE OF BIRTH: _____

HOW DID YOU HEAR ABOUT OUR PROGRAM? _____

WE UNDERSTAND THAT ANY INTENTIONAL OR NEGLIGENT REPRESENTATIONS OF THE INFORMATION CONTAINED ON THIS FORM MAY RESULTS IN CIVIL LIABILITY UNDER THE PROVISIONS OF TITLE 18 UNITED STATES CODE, SECTION 1001

APPLICANT'S SIGNATURE _____ CO-APPLICANT'S SIGNATURE _____

INCOME CATEGORY _____ INTERVIEWER: _____ DATE: _____

REFERRED BY: _____

