

**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 <sup>ST</sup> TIME BUYER PROGRAM: SELECT CHOICES BELOW			
<b>ETHNICITY: HEAD OF HOUSEHOLD</b> (SELECT 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		PREVIOUS HOMEOWNER? YES      NO      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-YES      SPECIFY _____, NO			
FIRST GENERATION MIXED RACE		ARE YOU OR ANYONE IN YOUR FAMILY ELDERLY-YES      SPECIFY _____, NO			
		RENTAL LOCATION PREFERENCE:			
<b>HIGHEST LEVEL OF EDUCATION:</b> _____		<b>EARNED INCOME</b>	RATE PER HOUR	HOURS PER WEEK	<b>OFFICE USE ONLY</b>
<b>MONTHLY UNEARNED INCOME</b>		<b>EMPLOYER'S NAME</b>			
SOCIAL SECURITY	\$ _____				
DEPENDENT S.S.I.	\$ _____				
DISABILITY INCOME	\$ _____				
VA/RETIREMENT/PENSION	\$ _____				
CHILD SUPPORT-YES      NO	\$ _____	COURT ORDER FOR CHILD SUPPORT: YES      NO			
SELF EMPLOYED-YES      NO	#YRS _____ #MO _____	OTHER INCOME \$ _____		YEARLY INCOME TOTAL \$ _____	
<b>ADULTS IN HOUSEHOLD</b>				RELATION TO HEAD OF HOUSEHOLD	CO-APP YES/NO
<b>NAME</b>	<b>AGE</b>	<b>DOB</b>	<b>SSN</b>		<b>MARITAL STATUS</b>
SELF					
<b>CHILDREN IN HOUSEHOLD</b>					
<b>NAME</b>	<b>AGE</b>	<b>DOB</b>	<b>RELATIONSHIP</b>		
HAVE YOU EVER USED OUR SERVICES IN THE PAST? YES      NO      WHEN? _____      WHY? _____					
VETERAN: YES      NO		ENGLISH PROFICIENT: YES      NO		PLACE OF BIRTH: _____	
ARE YOU A 1 <sup>ST</sup> GENERATION HOME BUYER? YES      NO			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:					
_____					