

MID-FLORIDA HOUSING PARTNERSHIP PRE-SCREENING FORM

NAME OF HEAD OF HOUSEHOLD: _____

CURRENT ADDRESS: _____

STREET
CITY
STATE
ZIP CODE

PHONE: _____

HOME
CELL
WORK

EMAIL ADDRESS: _____

MONTHLY RENTAL AMOUNT PAID	\$	1 ST TIME HOME BUYER PROGRAM: SELECT CHOICES BELOW WITH X									
SELECT ETHNICITY FOR APPLICANT & COAPP WITH X IN APPROPRIATE SPACE	APP	CO	AREA:	DAYTONA BEACH		VOLUSIA COUNTY		FLAGLER COUNTY		DELTONA	
			TYPE:	BOND ONLY		HBA/NSP/SHIP		HABITAT		32114	
AMERICAN INDIAN / ALASKAN NATIVE			PREVIOUS HOMEOWNER:	YES		NO		YEAR HOME WAS PURCHASED:			
ASIAN / PACIFIC ISLANDER			IF YES, PLEASE ADVISE LOCATION OF HOME OWNED:								
BLACK NON-HISPANIC			ARE YOU HOMELESS:	YES		NO		HIGHEST LEVEL OF EDUCATION:			
HISPANIC			INTERESTED IN RENTING:	YES		NO		DESIRED RENTAL LOCATION:			
WHITE NON-HISPANIC			IS ANYONE IN THE HOUSEHOLD DISABLED?	YES		NO		IF YES, WHO?			
FIRST GENERATION MIXED RACE											

MONTHLY UNEARNED INCOME		NAME OF EMPLOYER'S				RATE PER HOUR	HOURS PER WEEK	OFFICE USE ONLY
SOCIAL SECURITY	\$							
DEPENDENT SSI	\$							
DISABILITY INCOME	\$							
VA/RETIREMENT/PENSION	\$							
CHILD SUPPORT	YES	NO	\$	IF YES, IS IT COURT ORDERED:	YES	NO		
SELF EMPLOYED	YES	NO	IF YES, HOW MANY YEARS AND MONTHS:	YEARS	MONTHS			
OTHER MONTHLY INCOME:	\$					TOTAL ANNUAL INCOME		

NAMES OF ADULTS IN HOUSEHOLD	GENDER	AGE	DOB	SSN	RELATION TO HEAD OF HOUSEHOLD	CO APP YES OR NO	MARITAL STATUS
SELF/APPLICANT					-----SELF-----	----SELF----	
NAMES OF CHILDREN IN HOUSEHOLD	GENDER	AGE	DOB	SSN	RELATION TO HEAD OF HOUSEHOLD	CO APP YES OR NO	MARITAL STATUS

HAVE YOU USED OUR SERVICES IN THE PAST?	YES	NO	WHEN	WHY
ARE YOU A VETERAN?	YES	NO		
ARE YOU A 1 ST GENERATION HOMEBUYER?	YES	NO		
WHERE WAS THE APPLICANT BORN?	CITY	STATE	COUNTRY	
WHO REFERRED YOU TO THIS AGENCY	REALTOR	LENDER	FAMILY	FRIEND
				WORD OF MOUTH/OTHER

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

APPLICANT SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

INCOME CATEGORY:	INTERVIEWER:	DATE:
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