

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: (CHECK ONE)		APP	CO	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		
MONTHLY UNEARNED INCOME					OFFICE USE ONLY		
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							
NAME	AGE	DOB		RELATIONSHIP			
HAVE YOU EVER USED OUR SERVICES IN THE PAST?		WHEN?	WHY?				
VETERAN: Y / N	ENGLISH PROFICIENT: Y / N	1 ST 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:							

