



# 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 <sup>ST</sup> 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	
AMERICAN INDIAN / ALASKAN NATIVE				TYPE:	BOND ONLY		HBA/NSP/SHIP				HABITAT			32114	
ASIAN / PACIFIC ISLANDER				PREVIOUS HOMEOWNER:		YES		NO		YEAR HOME WAS PURCHASED:					
BLACK NON-HISPANIC				IF YES, PLEASE ADVISE LOCATION OF HOME OWNED:											
HISPANIC				ARE YOU HOMELESS:		YES		NO		HIGHEST LEVEL OF EDUCATION:					
WHITE NON-HISPANIC				INTERESTED IN RENTING:		YES		NO		DESIRED RENTAL LOCATION:					
FIRST GENERATION MIXED RACE				IS ANYONE IN THE HOUSEHOLD DISABLED?		YES		NO		IF YES, WHO?					

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												
NAMES OF CHILDREN IN HOUSEHOLD		GENDER	AGE	DOB			RELATION TO HEAD OF HOUSEHOLD					

HAVE YOU USED OUR SERVICES IN THE PAST?	YES	NO	WHEN	WHY								
ARE YOU A VETERAN?	YES	NO	Are You English Proficient?		Yes	No						
ARE YOU A 1 <sup>ST</sup> 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:		
------------------	--	--	--------------	--	--	--	-------	--	--