



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							
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 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: