



PRE-SCREEN

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Who referred you? _____			

ENROLLED UNIT INFORMATION

Unit address	What year was the structure built?		
What type property?	Rental <input type="checkbox"/>	Owner Occupied <input type="checkbox"/>	Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Multi-Family <input type="checkbox"/> How many units?
Are there any children age 5 and under who reside or visit for more than 60 hours within one year?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever participated in our program before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Are your city and county property taxes current?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you made any improvements on this property in the last 3 years? YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have property Insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you able to obtain income information from all residents over 18 years old?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to assistance, I understand that false or misleading information in my application or interview may result in denial of assistance.

Signature

Date