

Pre-Screening Application for Rehab

Application Information

Homeowner Name:			
Street Address:			
City, ZIP	Year Property Built?	Last 6 Digits of Social Security Number:	
When this home was purchased, was the homeowner(s) considered a first-time homebuyer? Y N			
Home phone:		Alternate Phone:	
No. of person(s) in household:	# Over 18 yrs:	# Over 55 yrs:	# Under 18 yrs:
Household Members: List Names			
Please list requested home repairs in priority order with estimated cost: Attach Estimates			
1.		\$	
2.		\$	
3.		\$	

Disclosure/Privacy Statement

Services will be provided without discrimination. The agency indicated above is requesting information necessary to comply with the requirements of this program. The agency indicated above will also review credit history and perform title search on the proposed property. I understand that the information on this form will be kept confidential but may be shared with other agencies to which I may be referred for services. I understand that I may be requested to verify these statements, and give my consent to this agency to make necessary contacts to verify any statements. I hereby certify that the above information is correct and true to the best of my knowledge.

Homeowner signature _____ Date _____

Printed Name _____