



Pre-Screening Form

Name: _____

Address: _____

E-mail Address _____

Phone No. _____

Home

Cell

Work

Ethnicity of Applicant:

☐ Black Non-Hispanic ☐ Hispanic ☐ American Indian / Alaskan Native ☐ White Non-Hispanic ☐ Asian/ Pacific Islander ☐ First-Generation Mixed Race

Ethnicity of Co-Applicant:

☐ Black Non-Hispanic ☐ Hispanic ☐ American Indian / Alaskan Native ☐ White Non-Hispanic ☐ Asian/ Pacific Islander ☐ First-Generation Mixed Race

1st Time Home Buyer Program: Select Items Below

Area: Daytona Beach Volusia County Flagler County Deltona

Type: Bond Only H Palm Coast Habitat for Humanity Homes Bring Hope

Are you homeless? Yes No Are you Interested in renting? Yes No

Desired Rental Location: _____

Is there anyone in the home disabled? Yes No If yes, who? _____

Are you a previous homeowner: Yes No

If Yes, Year Home was sold: _____ Location of home: _____

Highest Level of Education of Head of Household: _____

Income

Social Security \$ _____ Dependent SSI \$ _____ Disability Income \$ _____ VA-Retirement-Pension \$ _____ Other Income\$ _____

Child Support: Yes No Amount \$ _____ Court Ordered Yes No

Self Employed: Yes No If Yes, how long have you been self-employed _____ years _____ months

Employment

| Name of Employer | Rate of Pay | Hours per week | Office Use Only |
|------------------|-------------|----------------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |

(office use only) Total Household Income \$ _____

Adults in the Household

| Name of Adult | Gender | Age | Date of Birth | SSN | Relationship to head of household | Co Applicant | Marital Status |
|---------------|--------|-----|---------------|-----|-----------------------------------|--------------|----------------|
| Self | | | | | Self | No | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Children in the Household

| Name | Age | Date of Birth | Relationship to Head of Household |
|------|-----|---------------|-----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Have you used our services before? Yes No

If so, When? _____ Why _____

Are you a veteran? Yes No Are you English Proficient? Yes No

Are you a 1st 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 representation of information contained in this form may result in civil liability under the provisions of Title 18 United State Code, Section 1001.

Applicant Signature _____ Date _____

Co Applicant Signature _____ Date _____

*****Office Use Only*****

Income Category _____

Interviewer _____ /// _____ Date _____

MID-FLORIDA HOUSING PARTNERSHIP, INC. CLASS REGISTRATION FORM

REFERRED BY: USDA LENDER SECTION 8 **DATE:** ____ / ____ / ____
CFCDC HABITAT FOR HUMANITY: Greater Volusia West Volusia Flagler

**PLEASE COMPLETE THE INFORMATION BELOW FOR THE CLIENT(S) ATTENDING CLASS/WORKSHOP.
THANK YOU.**

1. FIRST NAME: _____ MI: _____ LAST NAME: _____
(PRIMARY APPLICANT)

2. FIRST NAME: _____ MI: _____ LAST NAME: _____
(CO-APPLICANT)

3. ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

4. HOME #: _____ WORK #: _____ CELL #: _____

HOME #: _____ WORK #: _____ CELL #: _____

5. E-MAIL ADDRESS: _____ E-MAIL ADDRESS: _____
(PRIMARY APPLICANT) (CO-APPLICANT)

HOME BUYERS EDUCATION CLASS DATE: _____

CREDIT & CREDIT SCORING WORKSHOP DATE: _____

**ZOOM LINK WILL BE EMAILED DAY OF CLASS 30 MINUTES PRIOR TO SCHEDULE
START TIME....CHECK BOTH INBOX AND SPAM FOLDERS FOR LINK.**