

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
 HBA-NSP-SHIP
 Habitat for Humanity
 Homes Bring Hope
 Are you homeless? Yes No
 Are you Interested in renting? Yes No

Desired Rental Location: _____ Are you currently renting? Yes No How much is your rent? \$ _____

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

Are you a previous homeowner: Yes No

If Yes, Year Home was built: _____ 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 _____

CoApplicantSignature _____ Date _____

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

IncomeCategory _____

Date _____

Interviewer _____

MID-FLORIDA HOUSING PARTNERSHIP, INC. CLASS REGISTRATION FORM

REFERRED BY: USDA LENDER SECTION 8 **DATE:** ____ / ____ / ____
 CFDC HABITAT FOR HUMMANITY 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 ANS SPAM FOLDERS FOR LINK.



Workshop Attendance Disclosure

Attendance & Missed Class Policy

By registering for classes with **Mid-Florida Housing Partnership, Inc.**, clients reserve a limited seat that cannot be reassigned on short notice. Consistent attendance is required to ensure fairness and availability for all participants.

Missed Class Fee

- Clients who miss **two (2) registered classes** without prior notice will be charged a **\$25 missed class fee**.
- This fee is **non-refundable** under all circumstances.
- The fee applies regardless of the reason for absence, including but not limited to scheduling conflicts, illness, or personal matters.

Payment Authorization

- The \$25 missed class fee will be charged and must be paid before registering for the future class by money order.

No Refund Policy

- The missed class fee is strictly a **penalty for non-attendance** and is **not eligible for refunds, credits, or transfers**.
- Missed classes do not qualify for make-ups unless explicitly stated in a separate written policy.

Acknowledgment & Agreement

By signing below, I acknowledge that I have read, understand, and agree to the Missed Class Fee Policy. I understand that missing two registered classes will result in a \$25 non-refundable fee.

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____

Co-Applicant Signature: _____ Date: _____

Co-Applicant Printed Name: _____