



METROPOLITAN DEVELOPMENT AND HOUSING AGENCY



HOMEOWNER REHABILITATION PROGRAM PRE-SCREENING FORM

To request assistance with language interpretation or a reasonable accommodation call (615) 252-8562

NOTE: This form is used for initial eligibility screening for processing applicants for the program. If potentially eligible you will be asked to complete a more detailed application at a later date. If you have questions about this form or the program, please contact us by telephone at (615) 252-8530; telephone device for the deaf at (615) 252-8599.

HOMEOWNER(S) NAME: _____

HOMEOWNER(S) AGES _____

PROPERTY ADDRESS: _____

IS THIS YOUR PRIMARY ADDRESS? [] Yes [] No DO YOU CURRENTLY RESIDE IN THE PROPERTY? [] Yes [] No

NUMBER OF PEOPLE LIVING IN YOUR HOME: _____ IS ANYONE IN THE HOME DISABLED? [] Yes [] No

ARE HOMEOWNERS U.S. CITIZENS? [] Yes [] No ARE HOMEOWNERS PERMANENT RESIDENT ALIENS? [] Yes [] No

CONTACT INFORMATION: () _____ () _____ () _____
Home Telephone Cell Phone Work Telephone

EMAIL ADDRESS, if available: _____

HAVE YOU HAD HOME REPAIR THROUGH THIS PROGRAM BEFORE? _____ If yes, what year(s)? _____

INFORMATION ABOUT YOUR HOME

DO YOU: _____ OWN or _____ RENT YOUR HOME? HOW LONG HAVE YOU LIVED IN YOUR HOME? _____

WHAT TYPE OF DWELLING IS YOUR HOME? [] Condo [] Duplex [] Mobile [] Single Family Detached [] Townhouse

MORTGAGE, HOMEOWNER'S INSURANCE, TAXES, and BANKRUPTCY

DO YOU HAVE A MORTGAGE? [] Yes [] No IS THE MORTGAGE CURRENT? [] Yes [] No

DO YOU HAVE HOMEOWNER'S INSURANCE? [] Yes [] No ARE YOUR PROPERTY TAXES CURRENT? [] Yes [] No

ARE HOMEOWNER(S) CURRENTLY IN BANKRUPTCY [INCLUDING CHAPTER 13]? [] Yes [] No

ARE THERE TAX LIENS ON THE PROPERTY? [] Yes [] No

INCOME INFORMATION

*TOTAL GROSS HOUSEHOLD ANNUAL INCOME BEFORE TAXES AND OTHER DEDUCTIONS: \$ _____

*Must include all sources of income for persons 18 years of age or older living in the home. Income includes such things as AFDC, alimony, child support, income from your job, regular monetary gifts from friends or family, self-employment wages, Social Security benefits, pensions, and interest income from bank accounts or investments. All income sources must be disclosed.

CERTIFICATION

I/we acknowledge that meeting pre-screening eligibility requirements does not guarantee assistance will be provided. I/we acknowledge that the information provided is true and correct. I/we acknowledge and understand any false statements or false information made on this pre-screening form will result in immediate denial of my/our consideration for this program

HOMEOWNER SIGNATURE: _____ Date: _____

HOMEOWNER SIGNATURE: _____ Date: _____

When Completed Email, Fax, Mail, or Hand Deliver To:

Metropolitan Development and Housing Agency
Community Development Department
712 South Sixth Street • Nashville, TN 37206
Mailing Address: P.O. Box 846 • Nashville, TN 37202
Email Address: mdharehab@nashville-mdha.org
Fax Number: (615) 252-8533