



METROPOLITAN DEVELOPMENT AND HOUSING AGENCY



HOMEOWNER REHABILITATION PROGRAM PRE-SCREENING FORM

To request assistance with language interpretation or a reasonable accommodation call (615) 252-8530

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