



CITY OF HATTIESBURG COMMUNITY DEVELOPMENT DIVISION
HOMEOWNER REHABILITATION PROGRAM PRE-SCREENING FORM



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. Please remember this is a basic assessment process and NOT an application for services.

HOMEOWNER(S) NAME: _____

HOMEOWNER(S) AGE: _____ NUMBER OF PEOPLE LIVING IN YOUR HOME: _____

PROPERTY ADDRESS: _____

IS THIS YOUR PRIMARY ADDRESS? [] YES [] NO ARE HOMEOWNERS U.S. CITIZENS? [] YES [] NO

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

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

INFORMATION ABOUT YOUR HOME

ARE YOU THE SOLE OWNER OF THE PROPERTY? [] YES [] NO ARE YOU LISTED ON THE DEED? [] YES [] NO

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

MORTGAGE, HOMEOWNER'S INSURANCE, TAXES, and BANKRUPTCY

DO YOU HAVE A MORTGAGE? [] YES [] NO IS THIS 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

INCOME INFORMATION

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

CAN YOU PROVIDE INCOME VERIFICATION FOR EVERYONE IN HOUSEHOLD? [] YES [] NO

*Must include all sources of income for persons 18 years of age or older living in the home. Income includes such things as income from your job, child support, alimony, self-employment wages, unemployment benefits, Social Security benefits, pensions, regular monetary gifts from friends or family, 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 Mail To:

City of Hattiesburg
Urban Development Department
Community Development Division
P. O. Box 1898 • Hattiesburg, MS 39403