



## HUD Healthy Homes Pre-screening Form

### 1. Applicant Information

Name: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. What city/county do you live in? \_\_\_\_\_

3. Do you own or rent your home?

a. Own

b. Rent

4. Do you have a mobile home? Yes \_\_\_\_\_ No \_\_\_\_\_

### 5. Property Information

Name of Property Owner (If different from Applicant): \_\_\_\_\_

Contact Phone Number (If different from Applicant) \_\_\_\_\_

Email Address (if different from Applicant) \_\_\_\_\_

Physical Address of the Property: \_\_\_\_\_

6. What is your total annual household income (we will need proof on income once your screening is approved, e.g., tax forms)? *See Example Provided on Page 2*

a. Less than \$15,000

b. \$15,000 - \$30,000

c. \$30,000 - \$50,000

d. Greater than \$50,000

7. How many people live in your household? \_\_\_\_\_

8. How many children live in your household? \_\_\_\_\_

9. Are there individuals over the age of 65 in your household?

a. Yes

b. No

10. Are there individuals with a disability (physical or intellectual) in your household?

a. Yes

b. No

11. What health concerns do you and/or other members of your household have? Check all that apply?

a. Asthma

b. Allergies

c. Memory loss/complaints

d. Cancer

e. Kidney disease

f. Liver disease

g. Lupus

h. Multiple sclerosis

i. Autism

j. Attention deficit disorder

k. Depression/anxiety

l. Other \_\_\_\_\_

12. What concerns do you have about the safety of your home?

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**MORE DETAILS ON NEXT PAGE**

**How to calculate your total annual household income:**

To calculate the household income for a single home, total the gross income of each person living in the home who is 15 years old or older, regardless of whether they are related or not.

Household income is usually calculated as a gross amount rather than net figure, before deducting taxes or withholdings.

**What documents Can I use to Prove Income Level**

- IRS tax forms or Form W-2 (wage and tax statement)
- Additional form of income verification for each household member, examples include:
  - Paystubs for the most recent 3 months
  - Social Security earnings or Supplemental Security Income statement
  - Disability or Worker’s Compensation
  - Child Support or Alimony
  - Other annuity or retirement income statements
  - Bank Statements
- If there are adults living in the household that are not employed, a notarized “verification of no income” form (included on last page of the application)

**Area Median Family Income (MFI) Levels Per County**

<b>County</b>	<b>MFI</b>	<b>MFI 80%</b>
Choctaw	\$ 49,138.00	\$ 39,310.40
Clarke	\$ 51,813.00	\$ 41,450.40
Lowndes	\$ 64,295.00	\$ 51,436.00
Marengo	\$ 53,038.00	\$ 42,430.40
Sumter	\$ 43,354.00	\$ 34,683.20
Wilcox	\$ 42,646.00	\$ 34,116.80

**Project Priority Criteria (How we will prioritize homes)**

1. Homes located in York, Fort Deposit, Linden, Lisman
2. Homes with individuals over the age of 65
3. Homes with disabled or individuals
4. Homes with health compromised individuals
5. Homes with children under the age of 6