

Housing Assistance Pre-Screening Application

Millie Forehand, CRA Manager

404 W. Jefferson St.

Quincy, FL 32351

C: 850-661-5947

O: 850-618-0020 Ex. 4733

PROPERTY OWNER

Full Name :

Phone Number : Social Security #: (LAST 4)

Address :

Household #: Elderly (62+) Adults Children (0-12 yo)

HOUSEHOLD INCOME

Source (Employer, SSI, Etc)	Frequency	Total Amount	End Date (If Applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDITIONAL INFORMATION

Heating/Cooling Source : Propane ☐ Natural Gas ☐ Electric ☐

Wood ☐ Other :

Two Most Recent Utility Bills : \$ Month: \$ Month:

PRE-APPLICATION AGEEMENT

YES / NO I voluntarily waive the provisions of the Privacy Act in order to permit verification of my income eligibility.

YES / NO I hereby give the QCRA permission to enter these premises for the purpose of conducting an assessment of my property.

YES / NO I have not received assistance from any of the QCRA Programs or/and other public housing repair programs in the past 13 months.

YES / NO There are occupant(s) health issues, including COVID-19, that will prevent performing a property assessment.

I affirm that my answers are truthful and thorough, recognizing that supplying false information could result in termination of my application.

Date : Signature :