

# Housing Rehabilitation Assistance for Homeowners Prescreening Questionnaire



**Note: Contract for deed home purchases are NOT eligible. Homeowners must own their home for ONE YEAR OR MORE to apply.**

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

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

Phone: \_\_\_\_\_ Preferred method of contact

Email: \_\_\_\_\_ Preferred method of contact

Number of people residing in the home: \_\_\_\_\_

Is there an expectant mother residing in the home?      Yes      No

Are there children under the age of 5 residing in the home or visiting more than 60 hours per year?      Yes      No

Is there anyone residing in the home who is disabled, elderly (over the age of 65), or has elevated blood lead levels?

Yes      No      If yes, please explain: \_\_\_\_\_

Please list the names and ages of everyone residing in the home, and the incomes of individuals 18 years or older. If there is no income being received by an individual, please indicate by using 0 in each question.

Name	Age	Relationship to Applicant	Type of Income (e.g. Paycheck, Social Security, Retirement, Unemployment)	Income Amount	How Often Paid Each Month (e.g. Weekly, Monthly)	Total Annual Income

Do you own your home through a mortgage or deed?      Yes      No **(Note: Contract for deed purchasers are not eligible.)**

Is there anyone listed on the mortgage or deed who lives outside of the residence?      Yes      No

What year was your home built (estimate if you're unsure)? \_\_\_\_\_

How long have you lived in the home? \_\_\_\_\_ Do you have homeowner's insurance?      Yes      No

Have you had any previous assistance through the City of Springfield's Office of Planning & Economic Development?

Yes      No      If yes, please explain: \_\_\_\_\_

What type of home repairs are needed? (Note: If you qualify for the program, an inspector will determine which home repairs would fall within building or health codes that would be applicable under these programs.)

\_\_\_\_\_

OFFICE USE ONLY

Within Springfield Corporate City Limits:	Yes	No	Within a City Home Repair Zone:	Yes	No
Mark all zones that apply:	Cannabis Zone	Enterprise Zone	Opportunity Zone	TIF	
Census Tract Number: _____	LMI Census Tract:	Yes	No		