



**2021-2023 Housing Assistance Program
Prescreening Questionnaire**

Completed by: Staff name: _____ Contact phone: _____ Contact email: _____

Client Name _____ Number in household _____

Phone Number _____ Email Address _____

Are you currently a resident of Leon County? Yes No

Are you employed? Yes No

Employer: _____ Phone number _____

If not employed, please state why: _____

Was there an instance or unexpected expense in the last 30 days that caused you to need emergency assistance? Please briefly explain.

Monthly Income

CATEGORY	PRE-HARDSHIP AMOUNT	CURRENT AMOUNT
Employment		
Employment		
Child Support		
Tax return		
Retirement/ Pension		
Social Security		
SSI		
TANF		
Reemployment		
VA		
Other		
TOTAL		

Monthly Basic Expenditures

CATEGORY	AMOUNT
Rent	
Utilities	
Phone	
Food	
Transportation	
Other	
Other	
TOTAL	

Est. Annual Income (x12): _____

Household Size	1	2	3	4	5	6	7	8	(If >8, add for each additional member)
100% FPG	12,880	17,420	21,960	26,500	31,040	35,580	40,120	44,660	4,540
250% FPG	32,200	43,550	54,900	66,250	77,600	88,950	100,300	111,650	11,350

Required Documents Checklist

- Photo ID- Driver's License or State ID preferred**
- Lease or mortgage statement (signed)**

-Or-

Statement from landlord or property manager stating the amount due

- 3-day notice/ Eviction notice (if applicable)**
- Proof of household expenses (Most recent bills in the household)**
- Income documentation -All sources of income all living in the household. Pay stubs for the last 30 day period, or Benefit letter for unearned income)**

PLEASE SCAN AND EMAIL COMPLETED PRE-SCREENING FORMS TO KIA TROUPE AT KTROUPE@ECHOTLH.ORG

YOU MAY ALSO HAND DELIVER TO ECHO AT 548 E. BRADFORD RD., TALLAHASSEE, FL 32303

FOR FURTHER QUESTIONS OR ASSISTANCE, CALL (850) 224-3246 EXT. 206