



**2019-2021 Housing Assistance Program
Prescreening Questionnaire**

Completed by: Staff name: _____ Contact phone: _____ Contact email: _____ Agency: _____
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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	12,490	16,910	21,330	25,750	30,170	34,590	39,010	43,430	4,420
200% FPG	24,980	33,820	42,660	51,500	60,340	69,180	78,020	86,860	8,840

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