



**2023-24 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, please contact our office to determine your income limit) |
|------------------------|--------|--------|--------|--------|--------|--------|--------|--------|---|
| 50% Area Median Income | 30,100 | 34,400 | 38,700 | 43,000 | 46,450 | 49,900 | 53,350 | 56,800 | |

Required Documents Checklist

- Photo ID- Driver's License or State ID preferred**
- Current lease or mortgage statement (signed)**
- Statement from landlord or property manager stating the amount due (ledger) showing which month(s) unpaid and any late fees or extra charges**
- 3-day notice/ Eviction notice (if applicable)**
- Utility Bill**
- 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)
- CDC Eviction Protection Declaration** (will be emailed to you by Housing Specialist)

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