

MOBILE HOME REPLACEMENT PROGRAM  
**SCREENING WORKSHEET**

APPLICANT NAME: \_\_\_\_\_

PROPERTY: \_\_\_\_\_  
Street City State Zip

**FILE DOCUMENTS**

ISSUES WITH DOCUMENTS/ACTIONS TAKEN

APPLICATION	_____
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PROPERTY DEED	_____
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PROOF OF INCOME	_____
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PROOF OF ASSETS	_____
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REAL ESTATE TAX BILL	_____
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EXISTING MORTGAGE	_____
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PROPERTY IN FLOODPLAIN? Yes No AGE OF MOBILE HOME \_\_\_\_\_

EXISTING MORTGAGE? Yes No HOW LONG OWNED \_\_\_\_\_

**INCOME ELIGIBILITY**

# IN HOUSEHOLD \_\_\_\_\_ MAX ALLOWABLE \_\_\_\_\_

TOTAL HOUSEHOLD INCOME \$ \_\_\_\_\_ ANNUAL INCOME \$ \_\_\_\_\_

ELIGIBLE? YES NO % AMI: < 30% 30% - 50% 51% - 80%

COMMENTS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Intake Worker \_\_\_\_\_

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