

LEAD HAZARD CONTROL PROGRAM APPLICATION: Tenant(s)

City of Fort Wayne
 Office of Housing & Neighborhood Services
 1 East Main Street - City-County Building - 8th Floor
 Ft. Wayne, IN 46802 - (260) 427-2127

Date of Initial Intake:

Date Application Complete:

Pre-Qualification

	Yes	No	
X			Child(ren) Under Age 6 Living in Home?
X			Child(ren) Under 6 Tested for & Determined to have High Blood Lead Level(s)?
X			Single Family Dwelling?
		No	Deed in Client Name?
		No	Homeowners' Insurance?
		No	Flood Insurance? (if needed)
		No	Real Estate Taxes Current?

After completing the Prequalification, print out the "Program Guidelines" and mail to applicant.

Household Size:	#VALUE!	(First, fill in household size & income info BELOW.)
Annual Household Income:	\$0	
100% AMI for HH Size:	\$76,000	
% of Area Median Income:	0.0%	
Qualified based on Income?	Yes	
Qualified based on Address?		

Applicant Information & Income

APPLICANT 1

NAME	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<i>First</i>	<i>Middle</i>	<i>Last</i>
PHONE	<input style="width: 100%;" type="text"/>		
CELL	<input style="width: 100%;" type="text"/>		
EMAIL	<input style="width: 100%;" type="text"/>		
CURRENT ADDRESS	<input style="width: 100%;" type="text"/>		
	Fort Wayne	IN	<input style="width: 100%;" type="text"/>
<i>How long at this address?</i>	<input style="width: 100%;" type="text"/>		<i>years</i>
SS#	<input style="width: 100%;" type="text"/>	Date of Birth	<input style="width: 100%;" type="text"/>
Marital Status	<input style="width: 100%;" type="text"/>		

APPLICANT 2

NAME	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<i>First</i>	<i>Middle</i>	<i>Last</i>
PHONE	<input style="width: 100%;" type="text"/>		
CELL	<input style="width: 100%;" type="text"/>		
EMAIL	<input style="width: 100%;" type="text"/>		
CURRENT ADDRESS	<input style="width: 100%;" type="text"/>		
	Fort Wayne	IN	(zip) <input style="width: 100%;" type="text"/>
<i>How long at this address?</i>	<input style="width: 100%;" type="text"/>		<i>years</i>
SS#	<input style="width: 100%;" type="text"/>	Date of Birth	<input style="width: 100%;" type="text"/>
Marital Status	<input style="width: 100%;" type="text"/>		

EMPLOYER

<i>Name</i>	<input style="width: 100%;" type="text"/>
<i>Phone</i>	<input style="width: 100%;" type="text"/>
<i>Address</i>	<input style="width: 100%;" type="text"/>

EMPLOYER

<i>Name</i>	<input style="width: 100%;" type="text"/>
<i>Phone</i>	<input style="width: 100%;" type="text"/>
<i>Address</i>	<input style="width: 100%;" type="text"/>

INCOME SOURCES

	Hourly	Weekly	Monthly
Job 1	\$0	\$0	\$0
Job 2	\$0	\$0	\$0
Child Support	\$0	\$0	\$0
SS/Retirement	\$0	\$0	\$0
Disability/SSI	\$0	\$0	\$0
Other Income	\$0	\$0	\$0
TOTAL	\$0	\$0	\$0
Annual Income	\$0		

INCOME SOURCES

	Hourly	Weekly	Monthly
Job 1	\$0	\$0	\$0
Job 2	\$0	\$0	\$0
Child Support	\$0	\$0	\$0
SS/Retirement	\$0	\$0	\$0
Disability/SSI	\$0	\$0	\$0
Other Income	\$0	\$0	\$0
TOTAL	\$0	\$0	\$0
Annual Income	\$0		

Any other income? \$0 annually

Any other income? \$0 annually

TOTAL ANNUAL HOUSEHOLD INCOME: \$0

HOUSEHOLD SIZE # Adults + # Children = Total #VALUE!

DEPENDENTS	Name	Relation	Age

Homeownership Information

Home Address Purchase Date
 Year Built Purchase Price
 Market Value

1st MORTGAGE
 Monthly Payment (PITI) Financed by
 or *Just Taxes & Insurance* Total Mortgage Amount
 Are you in a flood area or flood plain? Have flood insurance?

2nd MORTGAGE
 Total Amount Financed by
 Monthly Payment (PITI)
 Confirmation of homeownership?
 Confirmation of homeowner's insurance?
 Confirmation of current property tax payment?

Assets & Real Estate

CHECKING & SAVINGS

	Institution	Account #	Type of Account	Balance
Account 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
Account 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
Account 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$0
TOTAL				\$0

REAL ESTATE OWNED (Other than primary residence)

	Address	Market Value	Monthly Mortgage	Monthly Expenses	Monthly Rental Income	Net Monthly Income
Property 1	<input type="text"/>	\$0	\$0	\$0	\$0	\$0
Property 2	<input type="text"/>	\$0	\$0	\$0	\$0	\$0
Property 3	<input type="text"/>	\$0	\$0	\$0	\$0	\$0
TOTAL		\$0	\$0	\$0	\$0	\$0

Information for Government Monitoring

RACE & ETHNICITY

American Indian/Alaskan Native	<input type="text"/>	American Indian/Alaska Native & White	<input type="text"/>
White	<input type="text"/>	Asian & White	<input type="text"/>
Black/African American	<input type="text"/>	Black/African American & White	<input type="text"/>
Asian	<input type="text"/>	American Indianan/Alaskan Native & Black	<input type="text"/>
Hispanic	<input type="text"/>	Other	<input type="text"/>
Native Hawaiian/Pacific Islander	<input type="text"/>		

APPLICANT: I do not wish to furnish this information (Initials)

OVER 65 Years? Yes No
DISABLED? Yes No

