

PRE-QUALIFICATION APPLICATION HOME Tenant-Based Rental Assistance Program

HOUSEHOLD INFORMATION *(Información del Hogar)*

Date(Fecha): _____ Time(Hora): _____
 Name (Nombre): _____
 Current Address (Dirección): _____
 Zip Code (Código Postal): _____ City County

TBRA Project #: _____
 Language of Preference *(Idioma de Preferencia)*
 English Español Other: _____
 Phone (Teléfono): _____
 Email (Correo Electrónico): _____

HOUSEHOLD COMPOSITION

List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head of household.

Member's Full Name	Relationship	Date of Birth	Age	Sex

- Are you currently homeless in shelter or living in substandard housing? Yes No
- Have you been (or are at risk to be) displaced from your housing? Yes No
- Are you a victim of domestic violence? Yes No
- Are you currently in public housing or participated in another housing program? Yes No
- Is a head of household disabled or elderly? Yes No
- Is any member of household disabled or elderly? Yes No

INCOME INFORMATION *(Información de Ingreso)*

Include all wages, salaries, tips; other income such as alimony, child support, and Social Security, TANF or other benefits.

What is the total annual income of all household members? \$ _____

Applicant Signature _____

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Please check corresponding column for family size:

FAMILY SIZE	1	2	3	4	5	6	7	8
100% MEDIAN INC.	\$38,500	\$44,000	\$49,500	\$54,900	\$59,300	\$63,700	\$68,100	\$72,500
80% MEDIAN INC.	\$30,750	\$35,150	\$39,550	\$43,900	\$47,450	\$50,950	\$54,450	\$57,950
50% MEDIAN INC.	\$19,250	\$22,000	\$24,750	\$27,450	\$29,650	\$31,850	\$34,050	\$36,250

Calculate: **GRAND TOTAL** **100% MEDIAN** **MFI %**

_____ ÷ _____ x 100 = _____

Staff Person: _____

Date: _____