



Pre-Screening Intake Form

Program of Interest: Home Repair Program Home Accessibility Program

Applicant Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Cell Phone:** _____

Email: _____

How were you referred to CPAH? _____

Have you received assistance from CPAH/AHC before? _____

Number of people in household: _____ **Annual Gross Household Income:** _____

Marital Status: Single Married Separated Divorced Widowed

Do you have a mortgage loan? Yes No **If yes, are payment current?** Yes No

Are property taxes current? Yes No **Is the property insurance current?** Yes No

Balance of 1st mortgage: _____ **Balance of 2nd mortgage (if applicable):** _____

Name(s) that appear in title: _____

Do you have a Home Equity Loan? Yes No **Any liens against the property?** Yes No

Have you filed for bankruptcy in the last 2-3 years? Yes No

If yes, was the home included? Yes No **Has it been reaffirmed?** Yes No

Do you have any collections or judgements? Yes No

Brief description of work being requested: _____

Head of Household Signature

Date

You may email, fax, or mail this form to:

Community Partners for Affordable Housing
800 S. Milwaukee Ave., Ste. 201
Libertyville, IL 60048
Email: jrosales@cpahousing.org
Fax: 847.796.8060 *Attn: Janice Rosales*

After we review the form, we will contact you about next steps!