



SAFE HOME/LEADS SAFE CHARLOTTE PRE-QUALIFICATION APPLICATION
 (Completion of the Application Does Not Guarantee Service)

ADDRESS _____

OWNER NAME _____ CONTACT NUMBER _____

Please circle yes or no when prompted, and complete all other fields. Incomplete applications will not be considered.

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yes / No | Is the property located within the City limits of Charlotte? |
| Yes / No | Is the property located in a Flood plain? (Leave blank if unknown) |
| Yes / No | Are your Property taxes are current? No. of years delinquent _____ Amount Due \$ _____ |
| Yes / No Yes / No | Has owner lived in unit at least 1 year? Do you have ownership rights to the property? ✓ If Multiple Owners: will all owners must agree to the terms of the program |
| Total Number of people that live in the house: _____ Adults over 62: _____ Other Adults: _____ Children (under 18): _____ Full time college students: _____ Disabled Persons _____ Veterans _____ Disabled Veterans _____ | |
| Yes / No If No | Homeowners Insurance (circle one): 1) Did not purchase insurance <u>or</u> 2) Cannot get the home insured due to condition of the home |
| Yes / No | Is the home under code enforcement action? Code Inspector Name _____ |
| LEADS SAFE CHARLOTTE | |
| Yes / No | Home Built before 1978? |
| Yes / No | Is there a child under 6 living in the home? |
| Yes / No | Are there any frequently visiting children? |
| Yes / No | Has the City previously done a lead inspection? |

Please evaluate the following systems by circling the correct box:

| | | | |
|-------------------------------|----------------|--------------------|--------------------|
| Roof | Good Condition | Needs Minor Repair | Needs Major Repair |
| Plumbing | Good Condition | Needs Minor Repair | Needs Major Repair |
| HVAC (heat and air) | Good Condition | Needs Minor Repair | Needs Major Repair |
| Electrical | Good Condition | Needs Minor Repair | Needs Major Repair |
| Flooring and Structure | Good Condition | Needs Minor Repair | Needs Major Repair |
| Windows and Doors | Good Condition | Needs Minor Repair | Needs Major Repair |

Gross Income Estimate

List all income sources for all household members living in the home and all income sources before taxes.

| | Owner | Household Member # 2 | Household Member # 3 | Household Member # 4 |
|------------------------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Name | | | | |
| Salary | | | | |
| Tips, bonuses, Commissions, fees and or Overtime Pay | | | | |
| Social Security Income | | | | |
| Retirement or Pension Funds payments | | | | |
| Unemployment Benefits | | | | |
| Worker's Compensation | | | | |
| Net income from a business | | | | |
| Alimony, Child Support | | | | |
| Welfare Payments for Rent or Utilities | | | | |
| Cash gifts/stipends exceeding \$200 a month | | | | |
| <u>Assets</u> | | | | |
| Savings Account | | | | |
| Checking Account | | | | |
| Do you own any rental or additional properties? | | | | |
| Stocks, Annuities | | | | |
| Other income | | | | |
| Circle One | monthly / weekly bi-weekly |
| Household Total | | | | |

If needed, attach additional income information using a copy of the application. Upon preliminary approval, additional information will be required. Signature acknowledges applicant has read and agrees to **The Program Information and Assistance Policy** for Safe Home and LeadSafe Charlotte.

Completed by: _____

Date: _____