



City of Pembroke Pines Residential Rehabilitation Program

Pre-Screening Form

****THIS IS NOT AN APPLICATION****

Thank you for your interest in the City of Pembroke Pines Residential Rehabilitation Program. Please fill out the following information to help us assess your **potential** eligibility and needs. Ensure all information is accurate and complete.

Date: _____

Full Name: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone Number: _____ - _____ - _____ Cell: _____ - _____ - _____

Email Address: _____

Household Size: _____ Annual GROSS Household Income _____

Are you Special Needs: Yes _____ No _____ or Disabled: Yes _____ No _____

If Yes to above question, will you require home accessibility modifications Yes _____ No _____

Are your payments current with the following:

Mortgage: Yes _____ No _____ Property Taxes: Yes _____ No _____

Do you have homeowners' insurance Yes _____ No _____ Expiration Date ____/____/____

Have you filed a claim with FEMA and /or Private Insurance for damages or repairs for which you are now seeking grant assistance? Yes _____ No _____