****

**SEMINOLE COUNTY HURRICANE DISASTER RECOVERY**

**PRE-SCREEN FORM**

The intent of this pre-screening is to determine eligibility for homeowners applying for an insurance deductible grant for up to $15,000, whose primary residence was damaged as a result of a Hurricane.

|  |
| --- |
|  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Please read and answer all questions below:** | **Yes** | **No** |  |
| 1. Was your home damaged as a direct result of Hurricane Irma?
 |  |  | If No, stop here, you do not qualify |
| 1. Is the home located within the boundaries of Seminole County?
 |  |  | If No, stop here, you do not qualify |
| 1. Do you own the home for which you are applying for assistance?
 |  |  | If No, stop here, you do not qualify |
| 1. Is this home your primary residence?
 |  |  | If No, stop here, you do not qualify |
| 1. Do you have a current homestead exemption status on the property?
 |  |  | If No, stop here, you do not qualify |
| 1. Do you have homeowners insurance?
 |  |  | If No, stop here, you do not qualify |
| 1. Have you filed a claim with your homeowners insurance?
 |  |  | If No, stop here, you do not qualify |
| 1. Have you applied for FEMA assistance?
 |  |  | If No, stop here, you do not qualify |
| 1. Is your home a manufactured home?
 |  |  |  |
| Is the manufacture home a “site-built” home? |  |  | If No, stop here, you do not qualify |
| 1. Have the repairs already been completed and paid for?
 |  |  | If Yes, stop here, you do not qualify |
| 1. Is your annual gross household income combined for all household members at or below the maximum income limits for your household size? (see below charts)
 |  |  | If No, stop here, you do not qualify |
| **HOUSEHOLD SIZE** | **1** | **2** | **3** | **4** | **5** | **6** |
| 80% | $32,700 | $37,400 | $42,050 | $46,700 | $50,450 | $54,200 |
| 120% | $49,080 | $56,160 | $63,120 | $70,080 | $75,720 | $81,360 |

 |  |  |
| Homeowners meeting the Pre-Screen eligibility criteria will be contacted by the Community Development Division and scheduled an appointment to complete their application. Eligibility will be conditional upon submittal of a complete application with all required documentation including but not limited to: proof of income, household composition, proof of insurance, and insurance claim, and proof of filing with FEMA. |  |  |
|  |  |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
| **Applicant Name Date****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Address****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****E-Mail Address Contact Number** |  |  |