



**KNOXVILLE LEADERSHIP FOUNDATION**  
Weaving the fabric of a strong community

**PRE-SCREENING**

Date: \_\_\_\_\_ Interviewer: \_\_\_\_\_

How did you find out about the program (or referral)? \_\_\_\_\_

**BASIC INFORMATION**

Name \_\_\_\_\_  
First Middle Last

Home Address \_\_\_\_\_  
Street City, State Zip Code County

Best Way to Contact You? (circle one) *Home Cell Work Email Mail*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Best Time to Schedule Home Visit? \_\_\_\_\_

**INITIAL SCREENING TEST**

- Do you own your home?  Yes  No Name(s) on Deed of Trust \_\_\_\_\_
- Do you live within Knoxville city limits?  Yes  No *(If no, we can only build ramps outside city limits.)*
- How many live in the home? \_\_\_\_\_
- What is the gross household income? (List each member's gross income) TOTAL ANNUAL INCOME: \_\_\_\_\_  
 Resident 1: \_\_\_\_\_ Income: \_\_\_\_\_  
 Resident 2: \_\_\_\_\_ Income: \_\_\_\_\_  
 Resident 3: \_\_\_\_\_ Income: \_\_\_\_\_

**2010 HUD Income Limits**

#	Income	#	Income	#	Income
1	\$20,900 (\$33,450)	4	\$29,850 (\$47,750)	7	\$37,050 (\$59,250)
2	\$23,900 (\$38,200)	5	\$32,250 (\$51,600)	8	\$39,450 (\$63,050)
3	\$26,900 (\$43,000)	6	\$34,650 (\$55,400)		

- NATURE OF WORK NEEDED** -  Exterior Paint  Ramp  Patch Roof  Replace Roof  Repair Steps, Porch, Rails  
 Replace Vinyl Floor (Room: \_\_\_\_\_)  Repair Floor Rotten (Room: \_\_\_\_\_)  
 What type of Siding is on your home:  Wood  Brick  Vinyl  Other: \_\_\_\_\_  
 Other \_\_\_\_\_

Is any of the work you requested an emergency?  Yes  No Which one? \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CAC (546-3500) \_\_\_\_\_ Compassion Coalition (251-1591 ask for Gina) \_\_\_\_\_

Office Use Only	
<b>SCHEDULED SITE VISIT</b> Date & Time: _____	Staff Person: _____
Site Visit Letter Sent _____	
Ownership & City Residence Verified: Date _____	Staff Initials _____
City taxes ID # _____	Within the Empowerment Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No

**CASE MANAGEMENT**

**INTAKE**

Client Name \_\_\_\_\_

Household Occupants

List all individuals currently living in household (including client).

Name	Date of Birth (MM/DD/YYYY)	Relationship to Self	Gender (M or F)	Race	Employer

Referral Services

In order for the Knoxville Leadership Foundation to best serve you and your family, please answer the following questions:

- 1. Do you have any family members that are currently incarcerated?  Yes  No
  - i. If yes, do they have children?  Yes  No
- 2. Would any of your family be interested in learning about our homeownership program?  Yes  No
- 3. Left a Plugged In Guide  Yes  No

NOTES: \_\_\_\_\_

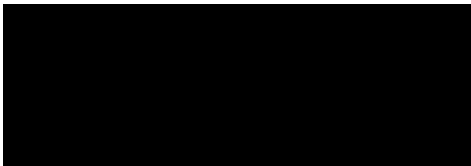
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Referrals</b>					
<b>Client Referred to:</b> <input type="checkbox"/> Abstinence Initiative <input type="checkbox"/> Amachi <input type="checkbox"/> CFC <input type="checkbox"/> NHI <input type="checkbox"/> OBY <input type="checkbox"/> SEH					
<b>KLF Staff Making Referral:</b> _____					
<b>Date of Referral:</b> ____ / ____ / ____					



**APPLICATION**

- 1. Name of head of household: \_\_\_\_\_  M  F
- 2. Is the head of household 62 years or older?  Yes  No
- 3. Is there anyone disabled in the home?  Yes  No
  - a. If yes, who and what is the nature of his/her disability?  
\_\_\_\_\_
- 4. Marital status of head of household \_\_\_\_\_

**Gross Household Income**

Please add together monthly income amounts from each job if you have more than one source of income. Incomes may be any of the following:

- 1. Salary/Wages
- 2. Self-Employment Income
- 3. Unemployment Benefits
- 4. Worker's Compensation
- 5. Section 8 Rental Assistance
- 6. VA Benefits / Armed Forces Pay
- 7. Retirement Benefits
- 8. Interest Income
- 9. Families First (AFDC)
- 10. Strike Benefits
- 11. Investment Income
- 12. Cash from Family/Friends
- 13. Supplemental Security Income (SSI)
- 14. Retirement Survivors Disability Insurance (RSDI)
- 15. Social Security Benefits
- 16. Rental Income paid to you
- 17. Other (Please specify): \_\_\_\_\_

Name of Person Receiving Source of Income	Income Type (fill in number from list above)	Gross Amount (Before Taxes)	How Often Income is Received (weekly, monthly, etc)	TOTAL (Gross Amount x How often income is received)

**Household Assets**

Provide average balance for the following:

- Checking account: \$ \_\_\_\_\_ Savings account: \$ \_\_\_\_\_
- Balance of mutual funds, retirement or investment accounts: \_\_\_\_\_
- Value of Real estate or other assets: \_\_\_\_\_ Describe: \_\_\_\_\_
- Gross Household Income: \_\_\_\_\_ Number in Household: \_\_\_\_\_ MFI:  (0-30)  (30-50)  (50-80)

I certify to the best of my knowledge that all of the information provided by me is true and complete. I authorize verification of any information for the purpose of eligibility determination and assistance.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Knoxville Leadership Foundation, Neighborhood Housing Inc., and the City of Knoxville do not discriminate against any person on the ground of race, color, national origin, sex, age, veteran status or disability in the provision of employment opportunities and services. Complaints may be filed with the Title VI Coordinator, Room 586, 400 Main St, Knoxville, TN 37902