



**Inclusionary Home Program
Pre-Screening Form**

Applicant's Information:

Applicant's Name:

Co-Applicant's Name:

Phone Number 1:

Phone Number 2:

e-mail address:

Household Size:

2022 Adjusted Household Gross Income:

(Projected) 2023 Adjusted Household Gross Income:

2023 MAXIMUM INCOME LIMITS PER HOUSEHOLD SIZE

| HH Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---------------------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|
| Income (80% AMI) | \$67,450 | \$77,100 | \$86,750 | \$96,350 | \$104,100 | \$111,800 | \$119,500 | \$127,200 |

(Income of all household members over the age of 18 that will be living in the home shall be considered)

Have you owned a home in the last three years?

Yes

No

Applicant 1

Applicant 2

I hereby certify that the information provided in this form is complete, true, and correct to the best of my knowledge.

Applicant:

Date:

Co-Applicant:

Date: