

**Town of Payson**  
**Housing Rehabilitation Program**  
**Pre-Screening Form**

Thank you for your interest in the Town of Payson's Housing Rehabilitation Program. Please provide the requested information.

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

1. Do you live in Payson?  Yes  No
2. Do you live in a house or a manufactured home? \_\_\_\_\_
3. Do you own the residence and the property on which your home sits?  
 Yes  No
4. Do you have a mortgage on your home?  
 Yes  No  
If yes, what company is it with? \_\_\_\_\_
5. How many people live in your home? \_\_\_\_\_
6. What is your total annual income? \$ \_\_\_\_\_  
Income includes gross wages, salaries, commission, tips and bonuses, as well as Social Security, welfare assistance, child support, periodic payments, interest, dividends and other regular payments.
7. What is the age of the head of household? \_\_\_\_\_
8. Are any persons in the home disabled?  Yes  No  
If yes, please explain: \_\_\_\_\_
9. What are your current housing needs and problems?