



**INCOME SCREENING**

Applicant's Name		City		Other Ph:	
Address		Zip		E-mail	
Mailing Address (if diff)		Phone			

**Income:**

Household Members	Male or Female	Date of Birth	Source of Income	Amount

**Expenses:**

Expenses	Amount	Extenuating Financial Circumstances:	Comments
Mortgage			
Utilities (excluding phone, cable, etc.)			
Health Insurance/Medical Costs			
Total Annual Income		Documents Used to Provide Verification:	
Less Deductions			
Adjusted Annual Income			

I understand that ReFIT exists for the purpose of helping me to remain living in my own home in a safe and accessible environment. I acknowledge their efforts are not for the purpose of remodeling my home for resale. Please initial here: \_\_\_\_\_

I currently do not have any plans to sell my home within the next 2 years unless medical conditions make it necessary to do so. Please initial here: \_\_\_\_\_

I agree that I will cooperate with the Project Manager and Volunteer Team and that I will assure that all able bodied members of my family participate in the rehabilitation effort in some way. Please initial here: \_\_\_\_\_

I agree to notify a representative of ReFIT at 503-698-8382 immediately upon learning of any circumstance that would affect my financial condition as listed above, and understand that any change could affect my eligibility for program assistance. Please initial here: \_\_\_\_\_

**I certify that the above information is true and correct; I further declare that I have no existing assets greater than \$20,000 over and above my residence and one vehicle.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ ReFIT Approval: \_\_\_\_\_

***Please remember that the purpose of our organization is to enhance the homeowners' ability to function well in his or her activities of daily living, in a safe and accessible environment, enabling them to remain in their home.***

**Our Program is not intended to prepare a home for resale.**

\_\_\_\_ Accepted \_\_\_\_ Denied If denied, state reason \_\_\_\_\_