Inquiry Form Anti-Displacement Tax Fund



Perso	onal Intor	mation			
Name of Applicant:			Phone Number:	Phone Number:	
Name of Owners:			Phone Number:	hone Number:	
How many people live in the home?			Email Address:	mail Address:	
What was your total household's income in the previous year?					
Prop	erty Infor	mation			
Street Address:				Zip:	
Y N I live in English Avenue, Vine City, Atlanta University Center, or Ashview Heights. I can prove that I own my home. I have owned my home for more than one (1) year at the time of application. I have lived in my home for more than one (1) year at the time of application. My household income meets the income guidelines (see Fact Sheet on reverse side). I am current on my property taxes and can demonstrate a history of paying property taxes on time. I have clean title to my home without liens or encumbrances other than a first or second mortgage.					
Submittal Instructions Information submitted as part of this Inquiry Form will be kept confidential and only used by the Program Manager to determine initial eligibility for the fund.					
Submit completed form to:					
By Fax		By Email	Mail		
678-705	5–1944	info@westsidefuturefund.org	P.O. Box 92273, Atla	nta, GA 30314	
			In Person		

Call for an appointment at (678) 902-7889