

Anti-Displacement Tax Fund Program Pre-Registration Form



Personal Information

Name of Applicant: _____ Phone Number: _____

Name of Property Owner(s): _____ Phone Number: _____

What is your date of birth (M/D/Y)? ____ / ____ / ____ Email Address: _____

What was your total household income in the previous year? _____

How long have you lived in the home? _____ How many people live in the home? _____

How did you hear about this program? _____

Property Information

Street Address: _____ Zip: _____

Are your property taxes paid through your mortgage payment? (Please circle: Yes / No / I don't know)

Eligibility Criteria

Y N

- I live in English Avenue, Vine City, Atlanta University Center, Ashview Heights, Booker T. Washington, or Just Us.
- I can prove that I own my home.
- I was living in this home prior to March 2017.
- My household income meets the income guidelines (see Fact Sheet on reverse side).

Submittal Instructions

Information submitted as part of this Pre-Registration Form will be kept confidential and only used by the Program Manager to determine initial eligibility for the fund.

Submit this completed form to any of the addresses below to receive an application.

By Fax

678-705-1944

By Email

home@westsidefuturefund.org

Mail

P.O. Box 92273, Atlanta, GA 30314

In Person

Call for appointment at (404)902-6239

If you have additional questions, please contact us at (404)902-6239