



Register of Will Title Clearance Unit (TCU) Constituent Intake Form

Please complete this form if you live in a home in Philadelphia and consider yourself the homeowner but your name is not on the deed or if you inherited a property, but your name is not listed on the deed

CONSTITUENT INFORMATION

Date

Referral Source

Applicant First Name

Applicant Last Name

Applicant DOB

Applicants' Phone Number

Applicant Email Address

Applicants' Street Address

City, State, zip code

Applicant is the decedent's: Spouse Child Sibling Parent Heir (decedent's natural heir, but there is no will or not named in the will) Devisee (someone named in the will to inherit the property) Other _____

If the person(s) listed on a deed is your parent or grandparent, are they listed as the parent on your parent's birth certificate or your birth certificate Yes or No

What is the applicant's relationship to the property? _____

Availability for calls: 8am-10am 10am-12pm 12pm-2pm 2pm-4pm

Please check off the box that best represents the applicant's household yearly income before taxes:

- | | |
|--|---|
| <input type="checkbox"/> \$10,000.00 - \$30,000.00 | <input type="checkbox"/> \$70,000.00 - \$80,000.00 |
| <input type="checkbox"/> \$30,000.00 - \$40,000.00 | <input type="checkbox"/> \$80,000.00 - \$90,000.00 |
| <input type="checkbox"/> \$40,000.00 - \$50,000.00 | <input type="checkbox"/> \$90,000.00 - \$100,000.00 |
| <input type="checkbox"/> \$50,000.00 - \$60,000.00 | <input type="checkbox"/> Over \$100,000.00 |
| <input type="checkbox"/> \$60,000.00 - \$70,000.00 | |



DECEDENT'S INFORMATION

Owner(s) First Name

Owner(s) Last Name

Date of Death(s)

Decedents Maiden Name/Aliases (before marriage/married name(s))

Social Security Number

Decedents Last Known Street Address

City, State, Zip Code

Please provide the name(s) of occupants living in the property in question

Please list any known property address(es) owned by the decedent:

Did the Decedent have a will? Yes or No If so, are you the executor? Yes or No? If no, what is the name of the executor and their phone number? _____

Was there an estate opened with the Register of Wills for the decedent? Yes or No, If so, what year was the estate opened? _____

Was the decedent married? Yes or No, if so, is the spouse living or deceased? _____

If the spouse is deceased, what was the date of death? _____ was an estate opened Yes or No

Was the decedent a Medicare or Medicaid recipient when they passed? Yes or No

Is the real estate tax on this property owned by the decedent delinquent? Yes or No

Are the property utility bills owned by the decedent delinquent? Yes or No

Is there an outstanding mortgage on the property owned by the decedent? Yes or No

Are there any other known judgments or liens on this property? Yes or No If yes, please list the type of lien(s) on the property? _____

Are there any dangerous conditions on the property? Yes or No, please provide a brief explanation, if so.

Please put a check mark next to the documents you have in your possession:

- Will
- Deed
- Death Certificate(s)
- Decedent's Birth Certificate(s)
- Probate documents (if an estate was opened)



Family Tree: **please add "d," after one's name if the person is deceased

The person(s) you deem to be on the deed

Diagram showing two empty rectangular boxes connected by a horizontal line above them, representing the person(s) on the deed.

Their spouse (anyone they have been married to)

Diagram showing one empty rectangular box connected by a vertical line from the center of the box above, representing the spouse.

Issue (Children)

Diagram showing four empty rectangular boxes connected by a horizontal line above them, representing the issue (children).

The names of the parents of the person(s) listed on the deed

Diagram showing four empty rectangular boxes connected by a horizontal line above them, representing the names of the parents.

List the brothers or sisters of the person(s) listed on the deed

Diagram showing four empty rectangular boxes connected by a horizontal line above them, representing the brothers or sisters.



TCU INCOME & ASSET VERIFICATION

Complete the Income Verification Form below. Please include a copy of two (2) proof of income, (examples listed below), and a utility bill or death certificate if the owner of the property is deceased

Name of Constituent

Property Address

HOUSEHOLD SIZE:

How many people, including you, live in the household and rely on each other for financial support? _____

If you do not live in the household, how many people currently live in the household that has a "tangled title?" _____

YEARLY INCOME:

What is the total yearly income for all inhabitants of the household? ("total income" means the amount of income before taxes, mandatory payroll deductions, childcare, and any other miscellaneous expenses.) _____

EXAMPLES PROOF OF INCOME: (TWO PROOFS OF INCOME REQUIRED)

- Social Security (SSA, SSDI, SSI) award letters
- Pension Statements
- Bank Statements
- Retirement income or rental Income Statements
- Interest and dividends
- 2 recent Pay stubs from current employer (s)
- W-2 or state/federal tax return - Salary and wages of Taxpayer and Spouse
- Unemployment/Worker compensation statements or award letters
- Child Support and alimony
- Any other documentation you may have