

**Prequalification for Home Repair Programs**

**This is a pre-screening questionnaire for Fauquier Habitat for Humanity's Home Repair Programs.** This form is to help determine if the Habitat for Humanity program might be right for your household. It is the first step in the process of applying.

**\*All information will be kept confidential.**

**Equal Opportunity Housing**

*We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.*



**Applicant Information**

Applicant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Co-applicant Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Circle County: Fauquier | Rappahannock

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Residency & Property Information**

	YES	NO
Have you lived or worked in Fauquier County or Rappahannock County for at least one (1) year?	<input type="checkbox"/>	<input type="checkbox"/>
Are you and/or the co-applicant the homeowner(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Are all mortgage and property tax payments current?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have unsatisfied citations for code violations?	<input type="checkbox"/>	<input type="checkbox"/>
Have you received insurance claim money for any of the repairs for which you are requesting assistance?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have homeowners insurance? <i>(Not having homeowners insurance does NOT automatically make you ineligible.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a 2 <sup>nd</sup> mortgage or unsatisfied lien on the property?	<input type="checkbox"/>	<input type="checkbox"/>
Is the property located in a flood zone?	<input type="checkbox"/>	<input type="checkbox"/>
Type of home? <i>(circle one)</i> : Single-family / Duplex / Triplex / Townhome / <b>Mobile*</b> / Condominium / Other:		
* If a <b>mobile</b> home, do you own the land?	<input type="checkbox"/>	<input type="checkbox"/>

**Financial Information**

	YES	NO	
Have you had verifiable and continuous income for at least one (1) year?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you <b>ever</b> filed for bankruptcy? If yes, provide date of discharge/decre.	<input type="checkbox"/>	<input type="checkbox"/>	Date: _____
Do you have any debt in collections?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you own any other properties? <i>(Provide information under <b>Assests</b> section on back of form)</i>	<input type="checkbox"/>	<input type="checkbox"/>	

**Gross Monthly Income**

List total monthly income **from all household members 18 years of age or older.** Include income from these sources: Wages *(before taxes and deductions)* , Social Security, Alimony, Child Support, Disability, and any other regular monthly income. Please list each different type of income along with the monthly amount.

Wages <i>(what is earned monthly before taxes / deductions)</i>	\$ _____	Alimony	\$ _____
Social Security	\$ _____	Child Support	\$ _____
Disability	\$ _____	Food Stamps	\$ _____
Other Income (dollar amount)	\$ _____	Specify Other Income Sources:	_____

**Assets – including checking and savings**

Type of asset, including other properties ( <i>but NOT this home</i> ), and name of bank, savings & loan, credit union, retirement account, etc.	Address (Street or P.O. Box)	City	State	ZIP	Account Number	Current balance / value / vested amount (if applicable)
						\$
						\$
						\$
						\$
						\$
						\$

**Monthly Expenses and Liabilities**

List all household monthly expenses and liabilities, including credit cards, car payments, insurance, child care, loans such as furniture or student, or any other debts. Do **NOT** include utilities.

Mortgage Payment	\$ _____	Credit Card(s)	\$ _____
Car Payment	\$ _____	Insurance	\$ _____
Alimony and/or Child Support	\$ _____	Student Loan(s)	\$ _____
Other Expenses / Debts	\$ _____	Other Loan(s)	\$ _____
Specify Other Expenses / Debts:	_____	Specify Other Loan(s):	_____

**Repair(s) Needed**

*Check all that apply*

<input type="checkbox"/> Critical Home Repair – roof replacement, plumbing/electrical repair, or other repair(s) needed to ensure safety <input type="checkbox"/> Aging-In-Place – ramps or accessibility upgrades, grab bars <input type="checkbox"/> Weatherization or Energy Efficiency – HVAC repair or replacement, attic insulation, sealing around windows or doors <input type="checkbox"/> Exterior Beautification ("Brush With Kindness") – paint, siding repair, roof repair, yard clean-up <input type="checkbox"/> Other Repair(s) – <i>please describe</i> : _____	<p align="center"><b>Please provide written description of repairs needed and how it will benefit your</b></p> _____ _____ _____ _____ _____ _____
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**Household Information**

How many people total live in the household? (*Include yourself, co-applicant and/or any other persons.*) # \_\_\_\_\_

	Name	Age
Please provide names and ages of those who live with you: <b>(Do NOT include applicant and co-applicant in this section.)</b>	1. _____	_____
	2. _____	_____
	3. _____	_____
	4. _____	_____
	5. _____	_____

Is <b>anyone</b> in the household on the National Sex Offender Public Website?	YES	NO
Has <b>anyone</b> in the household had a drug-trafficking conviction in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
Is <b>anyone</b> in the household a veteran or active military?	<input type="checkbox"/>	<input type="checkbox"/>

**Form Submission**

How did you hear about our Home Repair Program? \_\_\_\_\_

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

Please print name: \_\_\_\_\_

Co-applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print name: \_\_\_\_\_