

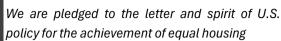
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## **Prequalification for Home Repair Programs**

This is a pre-screening questionnaire for Fauquier Habitat for Humanity's Home Repair Programs. This form is to help policy for the achievement of equal housing determine if the Habitat for Humanity program might be right for opportunity throughout the nation. We encourage and support an your household. It is the first step in the process of applying.

\*All information will be kept confidential.

## **Equal Opportunity Housing**





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	Co-applicant												
Name:		Age:	Name:			Age:							
Address:													
_			Zip	Circle	Fouguier	l Danna	hannaali						
City:		State:	Code:	County:	Fauquier	r   Rappahannock							
Primary			Email Address:										
Phone: _			Email Address.										
Residency & Property Information													
						YES	NO						
Have you live													
Are you and/o													
Are all mortga													
Do you currer													
Have you rece													
Do you have h													
Is there a 2 <sup>nd</sup> i	mortgage or unsat	isfied lien on the property?											
Is the propert													
Type of home	? (circle <u>one</u> ) : Si	ngle-family / Duplex / Trip	plex / Townhome / <b>M</b> c	bile* / Condomini	um / Other	:							
* If a <b>mobile</b> I													
		Fina	ıncial Information										
				YES	NO								
Have you had													
Have you <b>eve</b>		Date:											
Do you have a													
Do you own a	ny other properties	s? (Provide information unde	r <b>Assests</b> section on bac	ck of form)									
		Cros	sa Manthly Incomo										
List total			ss Monthly Income										
	-	all household members Social Security, Alimony,					_						
•	, and the second	e along with the monthly a	• •	ity, and any other re	gulai illolli	inty incom	e. Flease						
Wages (what	t is earned monthly												
•	es / deductions)	\$	Alimony	\$									
Socia	al Security	\$	Child Support	\$									
Di	sability	\$	Food Stamps	\$									
Othe	er Income		Specify Other										
(dolla	ar amount)	\$	Income Sources:	:									

Assets – including checking and savings													
Type of asset, including other properties (but <b>NOT</b> this home), and name of bank, savings & loan, credit union, retirement account, etc.	Address (Street or P.O. Box)	City	State	ZIP	Account Number	Current ba value / v amou (if applic	ested ınt						
						\$							
						\$							
						\$							
						\$							
						\$							
						\$							
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 <b>NOT</b> 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):											
		_											
		air(s) Needed											
Check all that apply  Critical Home Repair – roof replacement, plumbing/electrical repair, or other repair(s) needed to ensure safety  Please provide written description of repairs needed and how it will benefit your													
Aging-In-Place – ramps o	or accessibility upgrades, grab	bars											
- Mastharization or France	· Efficiency LIVAC remain on re	unio como entre etticio e	latian										
sealing around windows	r Efficiency – HVAC repair or re or doors	eptacement, attic ins	sutation,										
	Brush With Kindness") – paint,	siding repair, roof re	enair.										
yard clean-up	panis,	, 6,4,1,5	, , , , , , , , , , , , , , , , , , ,										
Other Repair(s) – please	describe :												
	Househ	old Information											
How many poople total live in th			d/or any o	thar parsa	ne l	#							
How many people total live in th	ie nousenotu? (metude yours	ен, со-аррисані анс	Name	inei perso	118.)	# Age	9						
Diago provide names and ages	1.				1.85								
Please provide names and ages  (Do NOT include applicant and c													
(Bo Nor motade applicant and c	o appacant in this section,	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 has			2										
Is <b>anyone</b> in the household a ve		iriir tiic past o years	•										
le <b>uniyene</b> in the neaderleta a ve													
How did you hear about our Hor		Submission											
now did you fleaf about our nor	ne nepan Frogram:	_											
Applicant's Signature:				Date:									
Please print name:													
Co-applicant's Signature:				Date:									
Please print name:													