


Pre- Qualification for Home Repair Programs This is a pre-screening questionnaire, not a final application 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 one step in the process of applying. <i>*All information will be kept confidential</i>		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:
Day-Time Phone:		Email Address:	
Residency & Property Information			
Have you lived or worked in Fauquier or Rappahannock County for at least one (1) year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you or the co-applicant the homeowner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are all mortgage and property tax payments current?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have current, unsatisfied citations for code violations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you received insurance claim money for any of the repairs you are requesting assistance for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have homeowners insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there a 2nd mortgage or unsatisfied lien on the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the property located in a flood zone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the property a mobile home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If Yes do you own the land?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Financial Information			
Have you had verifiable and continuous income for at least 1 year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have any debt in collections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you own any other properties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Gross Monthly Income			
List your total monthly income from applicant and co-applicant, including the <u>income from all those 18 and older who will be living in the home.</u> 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 (what is earned monthly before taxes/deductions)	\$	Alimony	\$
Social Security	\$	Child Support	\$
Disability	\$	Food Stamps	\$
Child Support	\$	List Other Sources:	
Other Sources of Income (dollar amount)	\$		

Monthly Expenses

List your monthly expenses, including credit cards, car payments, insurance, child care, loans such as furniture or student loans, or any other debts (do not include utilities).

Mortgage Payment	\$	Credit Cards	\$
Insurance	\$	Student Loans	\$
Car Payment	\$	Other Loans	\$
Alimony/Child Support	\$	Specify Other Loans:	
Other Expenses	\$		

Repair(s) Needed

Check all that apply

- Critical home repairs – roof replacement, plumbing/electrical repair, or other repairs needed to ensure safety
- Energy efficiency upgrades – HVAC repair or replacement, attic insulation
- Aging in place and ADA modifications – ramps or accessibility upgrades, grab bars
- Exterior beautification enhancements – paint, landscape work
- Other (please describe):

Please provide a written description of repairs needed and how it will benefit your household:

Household Information

How many people are living in household, including yourself?	#		
Please provide the names and ages of those who will be living with you: (Do not include applicant or co-applicant in this section)	Name		Age
	1.		
	2.		
	3.		
	4.		
	5.		

Are you on the sexual predator list or have you had a drug-trafficking conviction in the last 3 years? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is anyone in the household a veteran or active military?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is anyone in the household 65 years or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Willingness to Partner with Habitat

Are you willing to make a commitment to the Habitat program, which requires its Partners to earn sweat equity (volunteer) hours and attend a series of homeownership classes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you or members of your family available to assist with sweat equity (volunteer) hours	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

How did you hear about Habitat for Humanity's Program?

Form Submission

Signature	Date:
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Please Print Name: