

ABOUT: Fort Hood Area Habitat for Humanity (FHAHFH) provides home repairs for individuals and families throughout Bell, Coryell, and Lampasas counties with low income. The ability to provide services and the cost to the accepted applicant is dependent on the type of funding that FHAHFH currently has available from funders and the agreement set in place.

HOW TO APPLY: To begin the application process, please complete this screening questionnaire and return it to our office. By signing this document you are agreeing to submit everything within 30 days of today, including copies of the following documents:

Received	Document Requested	Where to Get It
	Current Driver's License or Texas I.D. (for applicant and co-applicant)	Personal files
	Birth Certificates for everyone in the household (ALL ages)	Personal Files
	Most recent month paycheck stubs (for EVERY member in the household earning income)	From Personal Files or Employer
	If self-employed, a year-to-date profit and loss statement and last IRS tax statements	Personal Files
	Most recent month of ALL bill statements and loan statements including the following:	Personal Files
	Mortgage statement, rent receipts and/or lease agreement	Personal Files
	utility bills (electric, gas, water, etc.)	Personal Files
	credit/loan payment receipts (credit cards, auto loans, school/college, and personal loans)	Personal Files
	DD214	Upon Discharge from Military
	Verification of other sources of income and government assistance that the household receives including Child Support, SSI/Social Security Income, Food Stamps, Section 8 Housing, Disability Award Statement, etc.	Court making award, Dept of Social Service serving your account, workers comp, social security, VA or personal files

NOTE: By completing and submitting this questionnaire to FHAHFH, you are beginning the application process. This questionnaire is not considered a complete application. The questionnaire is simply used to determine whether you might qualify for the program.

The applicant is the primary individual applying for the home-repair. The co-applicant refers to a spouse or other individual with whom you reside, and you'd want to apply for the home repair with.

#### Information about you:

Name:		
Last	First	Middle Initial
Primary Phone:	Secondary Phone:	
Email:		
Gender: 🗌 Male 🔲 Female	Marital Status: Single Married Wido	owed Divorced
Are you a: US Citizen Perm	nanent Resident   Other:	
of Texas, the city or county in which	debts (such as tax, child support or other deling n you live, or any other governmental entity? [	· · ·



# Information about the Co-Applicant:

Name:		
Last	First	Middle Initial
Primary Phone:	Secondary Phone:	
Email:		
Gender: Alle Female Marital Status:	Single	Divorced
Is co-applicant: US Citizen Permanent Resid	ent Other:	
Information about your home and property:		
Property Address:	City	Zip
Are you the: 🗌 Homeowner 🔲 Renter		
Do you have a mortgage on your home? Yes N	No Are you current on you	r mortgage? ∐ Yes ∐ No
Mailing Address (if different):	City	Zip
Do you have a septic system?: ☐ Yes ☐ No		,
Who provides your electric service?		
Do you own property in addition to or other than your	principal residence? Yes	No
For Renters ONLY: Information about the Lar	ndlord or Property Manager:	□ N/A
Amount of monthly rent you pay: \$	Landlord or manager's	name:
Landlord or manger's phone number:		
Landlord Contact Address:		
	City	Zip

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## Information about your household:

List all persons (children and adults) living in the home, along with their gross income.

Name	Relationship	Date of Birth (mm/dd/yy)	Disability? (Y/N)	Gross Monthly Income
(Applicant)				
(Co-Applicant)				

Sources of Income	Total For Household
Monthly Income	\$
Monthly Child Support Income	\$
SSI/SSD/Social Security	\$
Retirement/Pension	\$
Other (explain)	

EXPENSES	Total for Household Monthly Payment	EXPENSES	Total for Household Monthly Payment
Rent/ Mortgage		Auto Loan (s)	
Child Support/ Alimony		Credit Card payment(s)	
Student Loans		All other loans total (monthly)	

INCOME: \$	EXPENSES: \$	DTI:	%

### Active Service Members and Veterans (including surviving spouses) ONLY:

Active Service Member, Veteran or Surviving Spouses Name	Active Service, Vet or Surviving Spouse?	Branch of Service	Service Connected Disability? If yes, what percentage?	Approximate Dates of Service





#### Information about the repairs your home needs (Check all that Apply):

Foundation		Plumbing		Heating/AC	
Roofing		Electrical		Lead Paint Removal	
Windows		Weatherization			
Modification to increase mobility- Ramps, rails, door widening, bathtub to shower conversion, etc.					
Other:					

Please tell us about the repairs your home needs:

FHAHFH screens all home repair applicant families on both the Texas and National Sex Offender Public Registries. By completing this questionnaire you are submitting to this inquiry.

By signing below, you certify that the above information you provided is true and complete to the best of your knowledge. *Any falsification could be grounds for denial or disqualification* from the Habitat for Humanity program. You are agreeing to provide all requested information within 30 days of the signing of this questionnaire.

Applicant Signature _	Date

Co-Applicant Signature \_\_\_\_\_ Date\_\_\_\_\_





# **Applicant Screening Demographics**

Effects of Nondisclosure: Providing this information is voluntary.

Please check all boxes that apply to you below:

#### Gender:

- Female
- Other

#### Race/Ethnicity:

- □ White
- □ Black or African American
- □ Native American/Alaskan Native
- Asian
- □ Native Hawaiian/Other Pacific Islander
- Hispanic or Latino
- □ Not Hispanic or Latino

#### **Disability:**

- □ Yes, I have a disability
- $\hfill\square$  No, I do not have a disability

## Age:

- □ Under 18
- □ 18-29
- □ 30-49□ 50-64
- 65+

## How did you hear about us?

- Internet Search
- Website
- □ Social Network
- Event
- Agency Referral
- □ Friend

Other \_

### Education:

- High School/GED
- □ College



