



# Pre-Application Questionnaire

Please print clearly in INK. Fill in ALL sections.

Answer questions on both FRONT and BACK.

Note: This questionnaire is not an application



## Tell Us How You Heard About the Program? \_\_\_\_\_

**Applicant Information:** "Applicant" refers to the person who wants to be the homeowner.

Name: \_\_\_\_\_  
*First Middle Last Social Security Number Date of Birth*

Mailing Address: \_\_\_\_\_  
*Street Apt. No. City State Zip Code*

Preferred Phone: \_\_\_\_\_  Home  Work  Cell

- Have you been gainfully employed for the past one year?  Yes  No
- Are you a U.S. citizen or permanent resident?  Yes  No
- If not, do you have a Work Authorization Card?  Yes  No
- Is anyone in your household a veteran or on active duty?  Yes  No
- How long have you lived in Kent County? \_\_\_\_\_

Main Employer: \_\_\_\_\_ Location: \_\_\_\_\_

How long have you worked here? \_\_\_\_\_  Full-time  Part-time Hours worked each week?

- Please enclose one month's pay statement or pay stubs which include **Year to Date** earnings.
- This Pay is  weekly  twice monthly  monthly **TOTAL MONTHLY PAY:** \$ \_\_\_\_\_

**Co-Applicant Information:** "Co-Applicant" refers to any adult that will share in homeownership.

Name: \_\_\_\_\_  
*First Middle Last Social Security Number Date of Birth*

Mailing Address: \_\_\_\_\_  
*Street Apt. No. City State Zip Code*

Preferred Phone: \_\_\_\_\_  Home  Work  Cell

- Have you been gainfully employed for the past one year?  Yes  No
- Are you a U.S. citizen or permanent resident?  Yes  No
- If not, do you have a Work Authorization Card?  Yes  No

Main Employer: \_\_\_\_\_ Location: \_\_\_\_\_

How long have you worked here? \_\_\_\_\_  Full-time  Part-time Hours worked each week? \_\_\_\_\_

- Please enclose one month's pay statement or pay stubs which include **Year to Date** earnings.
- This pay is  weekly  twice monthly  monthly **TOTAL MONTHLY PAY:** \$ \_\_\_\_\_

### Additional Household Income (Monthly) Applicant

OTHER Applicant Income: \$ \_\_\_\_\_  
(NOT listed above)

OTHER Co-Applicant Income \$ \_\_\_\_\_  
(NOT listed above)

Child Support: \$ \_\_\_\_\_

Food Stamps: \$ \_\_\_\_\_

Disability Income: \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

### Monthly Debt/Expenses for Applicant and Co-

Rent amount: \$ \_\_\_\_\_

Car Payment(s): \$ \_\_\_\_\_

Credit Card Payments: \$ \_\_\_\_\_  
(add all minimum payment amounts)

Student Loan Payments: \$ \_\_\_\_\_

Other Scheduled Debt: \$ \_\_\_\_\_

Payments: (Add all minimum payments)

**Your Housing Need:**

Number of bedrooms in current residence \_\_\_\_\_ Number of people living in current residence \_\_\_\_\_

Total number of people who would be living in your Habitat home \_\_\_\_\_

List all children who would be living in your Habitat home:

	<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Age</u>		
_____	___	<input type="checkbox"/>	<input type="checkbox"/>	_____	___	<input type="checkbox"/> <input type="checkbox"/>
_____	___	<input type="checkbox"/>	<input type="checkbox"/>	_____	___	<input type="checkbox"/> <input type="checkbox"/>
_____	___	<input type="checkbox"/>	<input type="checkbox"/>	_____	___	<input type="checkbox"/> <input type="checkbox"/>

Does Applicant or other family member have special needs or accommodations in regards to housing?

Yes  No If yes, what are your special needs? \_\_\_\_\_

Describe your current housing situation. Tell us why you need a Habitat house. If additional space is needed, please attach a separate sheet of paper.

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**Your Willingness to Partner with Central Delaware Habitat for Humanity:**

If your family is selected, are you willing to meet the requirements for our partner families, including:

- investing **250 hours per adult** in “sweat equity” building your own home and the homes of other Habitat families prior to moving into your new home;
  - attending homeownership preparation classes, both before and after your house is built;
  - learning about construction and home maintenance;
  - assisting WEEKLY during the building of your own home (Saturday construction is mandatory); and
  - being a good ambassador for Habitat in the community so this important work can continue
- Yes, I am/we are willing to meet these requirements if selected for the program.
- No, I am/we are not willing to meet these requirements.

Once you have completed both sides of this Pre-Application Questionnaire and have signed and dated it, return the questionnaire, with the other requested materials, to our office at the address below.

- When we receive your questionnaire, with \$20 credit check fee, we will verify your need, confirm that your income is within our guidelines, confirm that delinquent debt (if any), is under \$3,000;
- We will also confirm that the names of the adults in your household do not appear on state/national sex offender registries.

**You will receive a response from us within one month.**

- Families who meet our pre-qualification requirements will be invited to complete a full application.
- After the committee reviews the full application and credit report a site visit may be scheduled. The Family Services Committee will make a recommendation to the Board of Directors, who decides which families are approved for partnership.

By signing and submitting this questionnaire, I/we request consideration for Central Delaware Habitat for Humanity homeownership program. I/we understand that this form is a pre-application questionnaire and not an application. I understand that my credit report will be printed and used to help determine my eligibility and that my/our name will be checked against state and national sex offender registries.

\_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature

Co-Applicant Signature

**RETURN THIS QUESTIONNAIRE AND \$20.00 CREDIT CHECK FEE TO CENTRAL DELAWARE HABITAT FOR HUMANITY, ATTN: FAMILY SERVICES, 544 WEBBS LANE, DOVER, DE. 19904 (302) 526-2366**

**FOR OFFICE USE ONLY – DO NOT WRITE IN THIS SPACE**

Date Received: \_\_\_\_\_ Payment: \_\_\_\_\_ Date of Action: \_\_\_\_\_

**Action Taken:** Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Reason: \_\_\_\_\_

NOTICE OF SEXUAL OFFENDER REGISTRATION CHECK

Please take notice that in accordance with the policy of Habitat for Humanity International and Central Delaware Habitat for Humanity, the names of all applicants and co-applicants for a Habitat house and all members of their household that are age 18 or older will be checked against one or more sexual offender registration data bases. If your name, the name of a co-applicant or the name of any member of your household appears in such a registry, you should immediately notify Central Delaware Habitat for Humanity. A photocopy of this Authorization shall be considered as effective and valid as the original.

\_\_\_\_\_ DATE \_\_\_\_\_

Applicant's Signature

\_\_\_\_\_ DATE \_\_\_\_\_

Co-Applicant's Signature

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**For Office Use Only**

Applicant's Name: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

Name of Registry Checked: \_\_\_\_\_

Applicant's name does not  or does  appear in the registry.

Co-Applicant's name does not  or does  appear in the registry.

Registry Checked By (Name): \_\_\_\_\_

Date: \_\_\_\_\_

AUTHORIZATION TO PROVIDE/RELEASE INFORMATION

You are hereby authorized to provide Central Delaware Habitat for Humanity or its designated representatives any and all information that you have relating to my credit history, employment history, income, bank and similar balances, and copies of my income tax returns. I hereby release you and Central Delaware Habitat for Humanity from all legal responsibility or liability that may arise from your honoring this Authorization and its use of same. A photocopy of this Authorization shall be considered as effective and valid as the original.

\_\_\_\_\_

DATE \_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

DATE \_\_\_\_\_

Co-Applicant's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security Number (Applicant)

\_\_\_\_\_  
Social Security Number (Co-Applicant)



# Turning Hope into Homes

**PRE-APPLICATION FORM  
GENERAL INFORMATION AND INSTRUCTIONS  
KEEP THIS PAGE FOR YOUR RECORDS**

**Central Delaware Habitat for Humanity 544 Webbs Lane, Dover, DE 19904  
(302)526-2366**

Welcome to Central Delaware Habitat for Humanity’s homeowner selection process. We are very pleased that you have expressed an interest in becoming one of our homeowner-partners. Central Delaware Habitat for Humanity is a non-profit, non-denominational Christian housing ministry that builds and renovates simple, decent and affordable homes in partnership with low-income families in Kent County. We are seeking qualified families for the 7 or more homes we plan to sell in the next year.

**Home Qualification:** Qualification is based on need for housing, ability to pay a no interest, affordable mortgage and willingness to fulfill all requirements related to being a Habitat partner family. Additionally, the applicant(s) must be living or working in Kent County for the past year and have steady income.

Some of the program requirements are:

- Investing **250 hours** per adult in “sweat equity” (building your own home and the homes of other Habitat partner families) prior to moving into your home;
  - Please note Saturday construction is **MANDATORY**
- Making payments toward reducing delinquent debt before settlement;
  - Please note some bad debt, such as small collections, recent late payment history, or small charged off accounts, would not disqualify an applicant.
  - Bankruptcies must be discharged for at least two years.
  - Foreclosures within two years must be fully satisfied.
- Attending homeownership preparation classes;
- Learning about construction and home maintenance; and
- Being a good ambassador for Habitat in the community.

**Instructions for applying for a home:**

Send in the following items:

- The completed (front & back) pre-application questionnaire
- **\$20.00 Credit Check Fee – Check payable to CDHFH**
- One month’s worth of most recent pay stubs showing gross, Year-to-Date earnings for all jobs (for both “Applicants” & “Co-Applicants”)
- Signed release to check sex offender registries & authorization form

**Answer the following questions to see if you should apply for a Habitat house:**

- ❖ Have you live or work in Kent County for the past year? Yes  No
- ❖ Does your family’s monthly gross income fit within the following guidelines? Yes  No

<u>Family Size</u>	<u>Income Not Less Than</u>	<u>Income Not More Than</u>
1	\$1,585	\$2,325
2	\$1,585	\$2,659
3	\$1,585	\$2,992
4	\$1,658	\$3,317
5	\$1,792	\$3,584
6	\$1,925	\$3,850
7	\$2,058	\$4,117
8	\$2,192	\$4,383

- ❖ Do you live in substandard, overcrowded or overly expensive housing? Yes  No

**If you answered “Yes” to these questions, you may qualify for a Habitat for Humanity house!  
Please complete the pre-application and return to CDHFH.**

*We do not discriminate on the basis of race, sex, color, age, disability, religion, national origin, family status, marital status, or because all or part of income is derived from any public assistance program.*

