



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



How did you hear 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.

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: _____



544 Webbs Lane
Dover, DE 19904

PERSONAL INFORMATION RELEASE AUTHORIZATION

To Whom It May Concern:

I/We hereby authorize the release of any and all financial information requested by Central Delaware Habitat for Humanity, including the following;

- Checking and Savings Account Information
- Personal and Credit References
- Credit Report
- Landlord Statements
- Social Service Payment Verification
- Wage and Salary Information and/or Records

A photographic copy of this authorization may be deemed equivalent to the original and may be used as a duplicate original.

I/We understand that requests to third parties for any/all of the above information may be made by Central Delaware Habitat for Humanity's authorized agents.

I/We hereby release you and Central Delaware Habitat for Humanity from all legal responsibility or liability that may arise from you honoring this authorization and Central Delaware Habitat for Humanity's use of the same.

I/We understand that Central Delaware Habitat for Humanity will run applicants names against the sex offender registry

Applicant's Name - Print

Date

Co-Applicant's Name - Print

Date

Applicant's Signature

Co-Applicant's Signature

Applicant's Date of Birth

Co-Applicant's Date of Birth

Applicant's Social Security Number

Co-Applicant's Social Security Number

Applicant's Current Address

Co-Applicant's Current Address



Central Delaware
Habitat
for Humanity®

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
Office: (302)526-2366 Fax: (302) 526-7506**

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 **8** 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 yearly 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	\$1,158	\$2,316
2	\$1,327	\$2,655
3	\$1,741	\$3,483
4	\$2,020	\$4,041
5	\$2,367	\$4,735
6	\$2,714	\$5,428
7	\$3,060	\$6,121
8	\$3,407	\$6,815

- ❖ 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, color, religion, national origin, sex, familial status, handicap, or because all or part of income is derived from any public assistance program.

