

# Home Repair Screening Questionnaire

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<br>Service serving your account, workers<br>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 Pho   | one:             |
| Email:                              |   |                  |
| Gender: ☐ Male ☐ Female             | Marital Status: ☐ Single ☐ Married ☐  | Widowed Divorced |
| Are you a: US Citizen Per           | rmanent Resident  |                  |
| of Texas, the city or county in whi | ny debts (such as tax, child support or other dich you live, or any other governmental entity |                  |



| Information about the Co-Applicant: L                   | J N/A                                 |                |
|---|---------------------------------------|----------------|
| Name:   | First                                 | Middle Initial |
| Primary Phone:  |                                       | wilde miliai   |
| Email:  | •                                     |                |
| Gender: ☐ Male ☐ Female Marital St                      |                                       | d Divorced     |
|   |                                       |                |
| Is co-applicant: US Citizen Permanen                    | it ResidentOther:                     |                |
| Information of subsections to the subsection            | ,                                     |                |
| Information about your home and prop                    | •                                     |                |
| Property Address:                                       | City                                  | Zip            |
| Are you the: Homeowner Renter                           | ·                                     | •              |
| Do you have a mortgage on your home?                    |                                       |                |
| Mailing Address (if different):                         |                                       |                |
| 3   | City                                  | Zip            |
| Do you have a septic system?: $\square$ Yes $\square$ N | lo If you have Gas, who provides th   | ne service?:   |
| Who provides your electric service?                     |                                       |                |
| Do you own property in addition to or other that        | an your principal residence? ☐ Yes ☐1 | No             |
|   |                                       |                |
| For Renters ONLY: Information about the                 | he Landlord or Property Manager:      | □N/A           |
| Amount of monthly rent you pay: \$                      | Landlord or manager's r               | name:          |
| Landlord or manger's phone number:                      | withinks,                             |                |
| 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 Bi<br>(mm/dd/y                  | 1                      | Gross Monthly Income                   |
|--|--|---|------------------------|--|
| (Applicant)  |  | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (111)                  |  |
| (Co-Applicant)   |  |   |                        |  |
|  |  |   |                        |  |
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|  |  | · · · · · · · · · · · · · · · · · · ·   |                        |  |
| Sources o  | f Income                               |   | Total For Hous         | ehold                                  |
| Monthly Income   |  | \$                                      | rotar ror mous         | CIIOIU                                 |
| Monthly Child Support Inco   | me                                     | \$                                      |                        |  |
| SSI/SSD/Social Security  |  | \$                                      |                        |  |
| Retirement/Pension   |  | \$                                      |                        |  |
| Other (explain)  |  |   |                        |  |
|  |  |   |                        |  |
| EXPENSES   | Total for Household<br>Monthly Payment | E                                       | (PENSES                | Total for Household<br>Monthly Payment |
| Rent/ Mortgage   | monthly rayment                        | Auto Loan                               | s)                     | Monthly Payment                        |
| Child Support/ Alimony   |  | Credit Card                             | payment(s)             |  |
| Student Loans  |  |   | ins total (monthly)    |  |
|  |  |   |                        |  |
| INCOME: \$   | EXPENSE                                | S: \$                                   | DTI:                   | %                                      |
|  |  | , | 1                      | -                                      |
| -45 <b>(3</b> )  | 1117 0 1 1 11                          |   |                        |  |
| ctive Service Members ar   | id veterans (including su              | irviving spouse                         | s) ONLY: $\square$ N/A |  |
| Active Service Member, Ve  | eteran Active Service,                 | Branch of                               | Service Connected      | Approximate Dates                      |
| and Committee Co | 1 34 4 6 4 4                           |   |                        | . 1 ''                                 |

| Active Service Member, Veteran<br>or Surviving Spouses Name | Active Service,<br>Vet or Surviving<br>Spouse? | Branch of<br>Service | Service Connected<br>Disability? If yes, what<br>percentage? | Approximate Dates of<br>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 n   | nobility- Ramps, rails, door widening, bathtul   | to shower conversion, etc.  |
| Other:   |  |   |
| Please tell us about the repair  | s your home needs:   |   |
| •  |  |   |
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| and the second s |  |   |
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| completing this questionnaire  | you are submitting to this inquiry.  | National Sex Offender Public Registries. By e and complete to the best of your knowledge. |
| Any falsification could be gr  | rounds for denial or disqualification from the ded information within 30 days of the signing | he Habitat for Humanity program. You are  |
| 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   |  | Age:    |                            |
|----------|--|---------|----------------------------|
|          | Male                                   |         | Under 18                   |
|          | Female                                 |         | 18-29                      |
|          | Other                                  |         | 30-49                      |
|          |  |         | 50-64                      |
| Race/Et  | hnicity:                               |         | 65+                        |
|          | White                                  |         |                            |
|          | Black or African American              | How did | l you hear about us?       |
|          | Native American/Alaskan Native         |         | Internet Search            |
|          | Asian                                  |         | Website                    |
|          | Native Hawaiian/Other Pacific Islander |         | Social Network             |
|          |  |         | Event                      |
|          | Hispanic or Latino                     |         | Agency Referral            |
|          | Not Hispanic or Latino                 |         | Friend                     |
|          |  | Other   |                            |
| Disabili | y:                                     |         |                            |
|          | Yes, I have a disability               | Educati | on:                        |
|          | No, I do not have a disability         |         | High School/GED<br>College |







|                    |                         | HUD        | HUD Specific Income Limits                                      | Income       | Limits        |               |           |           |
|--------------------|-------------------------|------------|---|--------------|---------------|---------------|-----------|-----------|
|                    |                         | FY 20      | FY 2020 Income Limits per HUD                                   | e Limits p   | er HUD        |               |           |           |
| Kīll               | Killeen- Temple, TX HUD |            | Metro FMR Area contains Bell County and Coryell County          | a contains B | ell County ar | nd Conyell Co | unty      |           |
| Income             | 1 person                | 2 persons  | 3 persons   | 4 persons    | 5 persons     | 6 persons     | 7 persons | 8 persons |
| 30% Minimum Annual | 13,450                  | 17,240     | 21,720  | 26,200       | 30,680        | 35,160        | 39,640    | 42,200    |
| MIN Monthly        | 1,121                   | 1,437      | 1,810   | 2,183        | 2,557         | 2,930         | 3,303     | 3,517     |
| 80% LIMITS Annual  | 35,800                  | 40,900     | 46,000  | 51,100       | 55,200        | 59,300        | 63,400    | 67,500    |
| WAX Monthly        | 2,983                   | 3,408      | 3,833   | 4,258        | 4,600         | 4,942         | 5,283     | 5,625     |
|                    |                         |            |   |              |               |               |           |           |
|                    | Lampasas                | County, TX | Lampasas County, TX HUD Metro FMR Area contains Lampasas County | MR Area cor  | itains Lampa  | sas County    |           |           |
| Income             | 1 person                | 2 persons  | 3 persons   | 4 persons    | 5 persons     | 6 persons     | 7 persons | 8 persons |
| 30% Minimum Annual | 14,700                  | 17,240     | 21,720  | 26,200       | 089′0E        | 35,160        | 39,640    | 44,120    |
| MIN Monthly        | 1,225                   | 1,437      | 1,810   | 2,183        | 2,557         | 2,930         | 3,303     | 3,677     |
| 80% LIMITS Annual  | 39,100                  | 44,700     | 50,300  | 55,850       | 60,350        | 64,800        | 69,300    | 73,750    |
| MAX Monthly        | 3,258                   | 3,725      | 4,192   | 4,654        | 5,029         | 5,400         | 5,775     | 6,146     |