

Information about the Co-Applicant: N/A

Name: _____
Last *First* *Middle Initial*

Primary Phone: _____ Secondary Phone: _____

Email: _____

Gender: Male Female Marital Status: Single Married Widowed Divorced

Is co-applicant: US Citizen Permanent Resident Other: _____

Information about your home and property:

Property Address: _____
City *Zip*

Are you the: Homeowner Renter Are you current on your property taxes? Yes No

Do you have a mortgage on your home? Yes No Are you current on your mortgage? Yes No

Mailing Address (if different): _____
City *Zip*

Do you have a septic system?: Yes No If you have Gas, who provides the service?: _____

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 Landlord or Property Manager: N/A

Amount of monthly rent you pay: \$ _____ Landlord or manager's name: _____

Landlord or manager'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:	%
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Active Service Members and Veterans (including surviving spouses) ONLY: N/A

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

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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 _____

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Applicant Screening Demographics

Effects of Nondisclosure: Providing this information is voluntary.

Please check all boxes that apply to you below:

Gender:

- Male
- 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
- 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



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HUD Specific Income Limits

FY 2020 Income Limits per HUD

Killeen- Temple, TX HUD Metro FMR Area contains Bell County and Coryell County

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
MAX Monthly	2,983	3,408	3,833	4,258	4,600	4,942	5,283	5,625

Lampasas County, TX HUD Metro FMR Area contains Lampasas 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	30,680	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

