



# 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
	Current month mortgage statement, rent receipts and/or lease agreement	Personal Files
	Current month utility bills (electric, gas, water, etc.)	Personal Files
	Current month credit/loan payment receipts (credit cards, auto loans, school/college, and personal loans)	Personal Files
	DD214 and VA Disability Award Letter with disability % if applicable	Upon Discharge from Military
	Verification of other sources of income and government assistance that the household receives including Child Support, SSI/Social Security Income, Disability Award Statement, Retirement Income, 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  Widowed  Divorced

Are you a:  US Citizen  Permanent Resident  Other: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_



**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:**

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 manger's phone number: \_\_\_\_\_

Landlord Contact Address: \_\_\_\_\_  
*City* *Zip*

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**Information about your household:**

How many people live in the home (children and adults)? \_\_\_\_\_

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)
(Applicant)			
(Co-Applciant)			

Sources of Income	Total For Household (Gross Monthly Income)
Monthly Income from Employment	\$
Monthly Child Support Income	\$
SSI/SSD/Social Security	\$
Retirement/Pension	\$
VA Disability	\$
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)	

Do you owe any taxes or any debts (such as tax, child support or other delinquency or student loan debt), with the State of Texas, the city or county in which you live, or any other governmental entity?  Yes  No

If yes, please explain: \_\_\_\_\_

**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

Fort Hood Area Habitat for Humanity | 2601 Atkinson Ave, Killeen, TX 76543

254-392-2037 | [habitat@fhahfh.org](mailto:habitat@fhahfh.org) | [www.fhahfh.org](http://www.fhahfh.org)

Building Strength, Stability, and Self-Reliance through Shelter.



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

<input type="checkbox"/>	Foundation	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	Heating/AC
<input type="checkbox"/>	Roofing	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	Lead Paint Removal
<input type="checkbox"/>	Windows/Weatherization	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Modification to increase mobility- Ramps, rails, door widening, bathtub to shower conversion, etc.				
<input type="checkbox"/>	Other: _____				

Please tell us about the repairs your home needs:

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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:

- 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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