



Blue Water Habitat for Humanity
ABWK & CHR Programs
Pre-Screening Questionnaire
THIS IS NOT AN APPLICATION

Date: _____

Applicant Information.

Name: _____
First Middle Last Date of Birth

Address: _____
Number & Street City State Zip

Preferred Phone: _____ [] Home [] Work [] Cell [] Other

- Have you had a steady income in the U.S. for at least 2 years (disability and child support count)? [] Yes [] No
• Do you own your home? [] Yes [] No
• Do you own the property on which your home is located? [] Yes [] No
• Have you owned your home for three years or longer? [] Yes [] No
(If you answer no, you are not eligible for any repair programs with BWHFH, please contact us when you meet this requirement.)
• Have you applied and been discharged from bankruptcy in the last 2 years? [] Yes [] No
• If you are a Veteran can you access Form DD 214 or other proof of general or honorable discharge? [] Yes [] No

Main employer: _____ How long have you worked here? _____
[] Full Time [] Part Time Number of hours worked each week: _____

Pay: _____ The pay rate is: [] Hourly [] Weekly [] Every other week [] 2 times per month [] Monthly [] Yearly

Co-Applicant Information:

Name: _____
First Middle Last Date of Birth

Address: _____
Number & Street City State Zip

Preferred Phone: _____ [] Home [] Work [] Cell [] Other

- Have you had a steady income in the U.S. for at least 2 years (disability and child support count)? [] Yes [] No
• Do you own your home? [] Yes [] No
• Have you applied and been discharged from bankruptcy in the last 2 years? [] Yes [] No
• If you are a Veteran can you access Form DD 214 or other proof of general or honorable discharge? [] Yes [] No

Main employer: _____ How long have you worked here? _____
[] Full Time [] Part Time Number of hours worked each week: _____

Pay: _____ The pay rate is: [] Hourly [] Weekly [] Every other week [] 2 times per month [] Monthly [] Yearly

Additional Household Income (Monthly)

OTHER Applicant Employment: \$ _____
OTHER Co-Applicant Employment: \$ _____
Social Security, SSI and/or Disability \$ _____
Child Support (Friend of the Court) Food Stamps: \$ _____
Other Income: \$ _____

Monthly Debt Expenses for Applicant and Co-Applicant

Mortgage Amount: \$ _____
Car Payment (s): \$ _____
Credit Card Payments: \$ _____
Child Support Payments \$ _____
Student Loan Payments \$ _____

Repair Needed:

Briefly describe the repair(s) or accessibility needed:

Have you previously applied to any other organizations for assistance? Yes No
If yes, which organization and what was the outcome?

Your willingness to Partner with Blue Water Habitat for Humanity:

If your family is selected are you willing to meet the requirements for Habitat Partner Families, including:

- Attend a Money Management class provided by an agent of BWHFH's choice.
- Attend home maintenance classes if required.
- Assist EVERY DAY during the repair work done on your home. (Special circumstances considered)
- Be a good ambassador for Habitat in the community so this important work can continue.
- Yes I am willing to meet these requirements if selected.
- No, I am not willing to meet these requirements.

How did you hear about the Habitat for Humanity Program?

- Friend of family member
- Internet
- Habitat Homeowner/Partner Family
- If so, who? _____
- TV, Newspaper, Magazine
- Another Agency
- Name of Agency: _____
- Other
- Where: _____

By signing and submitting this questionnaire, I/we request consideration for making application to the Blue Water Habitat for Humanity *A Brush with Kindness* or *Critical Home Repair* programs. By signing this document I am also aware that you will check my name on the National Sex Offender Checklist. If found, I understand this will automatically disqualify me from the program.

Applicant Signature

Co-Applicant Signature

Date

Date

