



New Home Construction Pre-Qualification Form

RAHfH partners with qualified area families to build safe, decent, and affordable housing.

Date received by Habitat Office

For office use only

Note: The applicant must have been a resident of Rockbridge County for the past year and cannot have any outstanding judgments. Those who have taken bankruptcy must reestablish a good credit history for a period of at least 2 years from the discharge date for Chapter 7, and at least one year from the discharge date for Chapter 13, before they will be approved to partner with Habitat. All applicants and members of their household will be checked against sex offender and criminal registries.

Applicant

Name: _____

Date of birth: _____

Address: _____

City/State/Zip: _____

Home/Cell Phone: _____

Email: _____

Co-Applicant

Name: _____

Date of birth: _____

Address: _____

City/State/Zip: _____

Home/Cell Phone: _____

Email: _____

Is any household member _____ Military / Veteran _____ Disabled
How did you hear about Habitat? ___ Newspaper ___ Poster/Flier ___ Talk ___ Other (please specify) _____

HOUSING NEED Which of the following conditions apply to your current housing? (check all that apply) _____ Public housing _____ Homeless
_____ High crime/traffic/drugs _____ Mobile home _____ Maintenance problems _____ Overcrowding _____ Rent too high
_____ Other (explain) _____

Have you tried to get a home loan before? _____ If so, with whom, and what was the result? _____

WILLINGNESS TO PARTNER WITH HABITAT

Are all household members 18 years of age and older willing to put in 200 "sweat equity" hours each working on your home? ___ Yes ___ No
Are you willing to attend the required nine-week series (27 hours) of homeowner education and financial planning classes? ___ Yes ___ No

CREDIT

Do you have any outstanding judgments/collections against you? ___ Yes ___ No If yes, are you making payments? ___ Yes ___ No

INCOME

Source/s of income _____

Applicant(s) must demonstrate steady income for at least one year. Include social security, disability, child support, alimony, wages and other income. Multiply the amount of your average weekly income by 52, and then divide by 12 to get your monthly income.

What is the Applicant's **MONTHLY** gross income? _____ What is the Co-Applicant's **MONTHLY** gross income? _____

List the names, ages, and **MONTHLY** gross incomes of **ALL** household members:

Name	Age	Relationship	MONTHLY Gross Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What is the **TOTAL** monthly gross income of your household? _____

Does your household's ANNUAL gross income fall within these limits for the number of people? ___ Yes ___ No

1 Person	\$27,850-\$44,600	3 People	\$35,850-\$57,300	5 People	\$43,000-\$68,750
2 People	\$31,850-\$50,950	4 People	\$39,800-\$63,650	6 People	\$46,200-\$73,850

EXPENSES

Can you save \$1250 for a down payment plus your first month's mortgage? ___ Yes ___ No

What **MONTHLY** expenses do you have? If an expense is not monthly, add all payments you make annually and divide by 12.

Circle One: Rent / Mortgage	Car payments	Car insurance	Child/Spousal support	Credit card payments	Loan payments
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Medical bills	Student loans	Water/Sewer	Electric	Heating Oil/Gas	Cable/Internet	Phone	Child Care
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

I/we understand that a satisfactory credit history is one of the requirements for being approved to buy a house with Rockbridge Area Habitat for Humanity. I hereby give explicit permission for Rockbridge Area Habitat to obtain a credit report for the express purpose of evaluating my creditworthiness and ability to pay for a Habitat home. I also authorize RAHfH to conduct a criminal background check. Depending on my income and credit standing, I may qualify for a low-interest USDA 502 loan. By signing this form, I authorize Habitat to share this application with USDA for review.

Signature (Applicant) _____ Social Security Number _____ Date _____

Signature (Co-Applicant) _____ Social Security Number _____ Date _____

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We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, family status, or national origin.

Revised 06/01/24

