



Home Repair Readiness Questionnaire

APPLICANT'S NAME: _____

CO-APPLICANT'S NAME: _____

PHONE: (home) _____ (cell) _____ (day) _____

ADDRESS: (List former address if current address is less than one year)

Current:	Former:
Street _____	Street _____
City _____ Zip _____	City _____ Zip _____
Length of Occupancy _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent	Length of Occupancy _____ <input type="checkbox"/> Own <input type="checkbox"/> Rent
Landlord Name _____ Phone _____	Landlord Name _____ Phone _____

HOUSEHOLD MEMBERS:

APPLICANT NAME: _____ **BIRTH DATE:** _____
 (Last, First, Middle)

CO-APPLICANT NAME: _____ **BIRTH DATE:** _____
 (Last, First, Middle)

DEPENDANTS: _____ **AGE:** _____ **AGE:** _____
 _____ **AGE:** _____ **AGE:** _____
 _____ **AGE:** _____ **AGE:** _____

MARITAL STATUS: Please check one of the following.
 Single Married Divorced, when? _____ Legally separated, when? _____
 Other, please explain _____

EMPLOYMENT HISTORY:
 List employment for **ALL** adults providing financial support for the household. If employment is less than one year, provide information for past employer.

<p>APPLICANT:</p> <p>Current Employer _____</p> <p>Address _____</p> <p>Contact Person _____</p> <p>Phone _____ Hire Date _____</p> <p>Job Title _____</p> <p>Past Employer _____</p> <p>Address _____</p> <p>Contact Person _____</p>	<p>CO-APPLICANT:</p> <p>Current Employer _____</p> <p>Address _____</p> <p>Contact Person _____</p> <p>Phone _____ Hire Date _____</p> <p>Job Title _____</p> <p>Past Employer _____</p> <p>Address _____</p> <p>Contact Person _____</p>
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Phone _____ Hire Date _____ Phone _____ Hire Date _____
 Job Title _____ Job Title _____

WHAT IS APPLICANT'S HIGHEST EDUCATION RECEIVED? _____
FINANCIAL INFORMATION:

INCOME: Please list **ALL** sources of income. Please list your **MONTHLY GROSS INCOME**. Do you get paid weekly, bi-weekly, bi-monthly, monthly or yearly?

SOURCE	MONTHLY GROSS AMOUNT	PAY-CYCLE
Employment: _____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Yearly
_____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Yearly
Social Security: _____	\$ _____	
*Other: _____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Yearly
_____	\$ _____	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Yearly

(*Other income: child support, alimony, adoption subsidy, etc.)

ASSETS: Please list all the following items.

TYPE OF ACCOUNT	NAME OF FINANCIAL INSTITUTION	BALANCE/VALUE
Checking	_____	\$ _____
Savings	_____	\$ _____

Please check any of the following types of accounts held by members of the household.

- Retirement Fund 401K 403B Mutual Fund IRA Life Insurance

EXPENSES/LIABILITIES: Please list **ALL** re-occurring monthly expenses.

MONTHLY PAYMENT	MONTHLY PAYMENT
Nontraditional Credit:	Traditional Credit:
Rent/Housing: \$ _____	Savings: \$ _____
Utilities (Gas & Electric): _____	Car Loan: _____
Utilities (Water) _____	Car Loan: _____
Phone: _____	Student Loan: _____
Cable: _____	Personal Loan: _____
Health Insurance: _____	Credit Card: _____
Auto Insurance: _____	Credit Card: _____
Life Insurance: _____	Other: _____
Child Care: _____	
Child Support: _____	
Medical Expenses: _____	

HOW DID YOU HEAR ABOUT OUR PROGRAM? (PLEASE CHECK ONE)

- Referral Website Advertisement Golf Event Next Step Counseling Service

