



## Habitat for Humanity Allegheny Valley Pre-Qualification Authorization

This short form will help us determine whether or not you qualify to attend one of our Habitat for Humanity Family Orientation Nights. You will be notified within one week if you pre-qualify.

*Please complete this form and Print it for your records before clicking the Send button.*

**Applicant Family Last Name:**

Current Address:

House Number	Apt.	City	State	Zip
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Own \_\_\_\_\_  
 Rent \_\_\_\_\_  
 Other \_\_\_\_\_

How long have you lived at your current address?

Previous Address:

House Number	Apt.	City	State	Zip
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Own \_\_\_\_\_  
 Rent \_\_\_\_\_  
 Other \_\_\_\_\_

How long did you live at your previous address?

Are you currently on Food Stamps? Yes No

For what Amount?

How many people (include all adults and children) are living in your current household?

Please list all adults living in the same house, income from all adults will be considered. See chart below.

	Full Name (with middle initial)	Social Security	Date of Birth	Home Phone	Work Phone	Cell Phone (optional)
#1						
#2						
#3						
#4						
#5						

If Other Income was included, please list here:

Creditors	Monthly Payments
<i>Total Monthly Payments</i>	

Bank Accounts: Checking, Savings, etc.

	Employer	Gross Monthly Income	Years at Job
#1			
#2			
#3			
#4			
	Other Monthly Income (List below)		
	<i>Total Monthly Income</i>	\$0	

If Other Income was included, please list here:

I/We authorize Allegheny Valley Habitat for Humanity (DBA Habitat for Humanity Allegheny Valley - HFHAV) to retain this pre-qualification form and to check my/our records, as well as confirm all information provided in this pre-qualification, including employment information. I/We understand that HFHAV will keep all information confidential.

I/We certify that the information contained in this pre-qualification is complete and accurate to the best of my/our knowledge.

I/We fully understand it is a federal crime under Title 18 of the United States Code, Section 1014, punishable by fine and/or imprisonment, to knowingly make false statements concerning any of the above facts or information.

Applicant's Full Name:

Date:

Co-Applicant Name:

Date:

My digital signature may be used in lieu of a signed signature. I do not need to print this form and mail it in, as this electronically submitted copy with my printed signature is acceptable.

Signature: \_\_\_\_\_

If you chose not to select to use your digital signature to send this electronically, please print, sign in the space above, and mail this form to:

**HFHAV-Application Processing**  
**225 Freeport Street**  
**New Kensington, PA 15068**  
**Email: john@habitatav.org**

Questions? Call 724-594-1051