

General Homeownership Program Application Pre-Qualification Assessment

**Please complete and submit to:
ROANOKE REDEVELOPMENT AND HOUSING AUTHORITY
2624 SALEM TURMPIKE, NW
ROANOKE, VA 24017**

Please fill out this Pre-Qualification Assessment as completely and accurately as possible to determine if you qualify for the City of Roanoke Redevelopment & Housing Authority's Section 32 Homeownership Program. If more space is needed to complete any part of this document, please use a separate sheet of paper and attach it.

RESPONDENT'S LAST NAME:	RESPONDENT'S FIRST NAME:	RESPONDENT'S MIDDLE INITIAL:
CO-RESPONDENT'S LAST NAME:	CO-RESPONDENT'S FIRST NAME:	CO-RESPONDENT'S MIDDLE INITIAL:
CURRENT STREET ADDRESS:	CITY, STATE, ZIP	HOME TELEPHONE #:
CURRENT EMAIL ADDRESS:		
NAME AND ADDRESS OF PRESENT LANDLORD:		LANDLORD TELEPHONE #:
HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS: YEARS: MONTHS:		RENT: <input type="checkbox"/>
MONTHLY RENT OR MORTGAGE: \$	DOES THIS AMOUNT INCLUDE UTILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF LESS THAN TWO (2) YEARS AT PRESENT ADDRESS, GIVE PREVIOUS ADDRESS		
NAME AND ADDRESS OF PREVIOUS LANDLORD:		

HOW DID YOU LEARN ABOUT THE RRHA HOMEOWNERSHIP PROGRAM? _____

LIST ALL FAMILY MEMBERS WHO WILL BE LIVING WITH YOU. (PLEASE INCLUDE YOURSELF AND ALL FULL-TIME STUDENTS)

LAST NAME	FIRST NAME	MI.	RELATION	SEX	BIRTHDATE	SSN	BIRTH PLACE

INCOME

RESPONDENT NAME	SOURCE OF INCOME	ADDRESS OF EMPLOYER/PROVIDER	MONTHLY INCOME

CO-RESPONDENT NAME	SOURCE OF INCOME	ADDRESS OF EMPLOYER/PROVIDER	MONTHLY INCOME

RESPONDENT AND CO-RESPONDENT ASSETS (Checking Accounts, Savings Accounts, CD's, Stocks, Bonds, Real Estate, etc.)

OWNER OF ASSET	DESCRIPTION OF INCOME	NAME OF BANK, OR BANKING INSTITUTION	AMOUNT

RESPONDENT AND CO-RESPONDENT ALLOWANCES (PRESCRIPTIONS, HEALTH INSURANCE, MEDICAL BILLS, ETC.)

1. NAME	2. DESCRIPTION	3. AMOUNT	4. RESPONDENT OR CO-RESPONDENT

DOES THE RESPONDENT OR CO-RESPONDENT PAY CHILD CARE EXPENSES NO YES, HOW MUCH? \$_____

RESPONDENT AND CO-RESPONDENT DEBT:

Type of Debt	Name of Debtor	Balance Owed	Monthly Payment	RESPONDENT or Co-RESPONDENT
Total of all minimum charge card payments- Visa/MasterCard/Department Store, etc.				
Total of all Car/Vehicle payments				
Other monthly payments (Utilities, etc.)				

DOES THE RESPONDENT OR CO-RESPONDENT HAVE A HISTORY OR CREDIT PROBLEMS? Yes No

If Yes, please list late payments, judgments or collections and a brief explanation. Also indicate if comments relate to RESPONDENT and/or Co-RESPONDENT.

PLEASE NOTE THAT ACCEPTANCE OF AN APPLICATION DOES NOT GUARANTEE ACCEPTANCE INTO RRHA'S HOMEOWNERSHIP PROGRAM.

The undersigned certify the following: I/We have completed the Pre-Qualification Assessment containing information to be used to determine my/our eligibility to participate in the City of Roanoke Redevelopment & Housing Authority's (RRHA) Section 32 Homeownership Program. I/We certify that all of the information included in this Assessment is true and complete. I/We make no misrepresentations in the Assessment or other documents provided in conjunction with this Assessment, nor did I/We omit any pertinent information.

I/We understand that by filing this Pre-Qualification Assessment, I/We are authorizing RRHA to evaluate my/our information for the purpose of purchasing a home under its Section 32 Program. I/We understand that the evaluation will include a credit check, landlord references, employment verification, and criminal background checks. I/We have answered all the questions on this Assessment truthfully. I/We understand that if I/We have not answered the questions truthfully, my/our Assessment may be denied.

1. **Signature of RESPONDENT:** _____ **Date:** _____

2. **Signature of Co-RESPONDENT:** _____ **Date:** _____



THE CITY OF ROANOKE REDEVELOPMENT AND HOUSING AUTHORITY DOES NOT DISCRIMINATE AGAINST ANY HOUSING RESPONDENT BECAUSE OF RACE, COLOR, RELIGION, SEX, DISABILITY, FAMILIAL STATUS, OR NATIONAL ORIGIN.

(For office use only.)

The Roanoke Redevelopment & Housing Authority is required by HUD to collect certain demographic information. This information is used to help better serve those populations most in need of assistance. Please complete the following information below. The information you provide is kept confidential and has no bearing on the processing or approval of your Assessment and will not be used for law enforcement purposes.

RACE OF RESPONDENT:

- WHITE
- BLACK
- AMERICAN INDIAN/ALASKAN NATIVE
- ASIAN
- NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER

ETHNICITY OF RESPONDENT:

- HISPANIC
- NONHISPANIC

RACE OF CO-RESPONDENT:

- WHITE
- BLACK
- AMERICAN INDIAN/ALASKAN NATIVE
- ASIAN
- NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER

ETHNICITY OF CO-RESPONDENT:

- HISPANIC
- NONHISPANIC