



# Flexible Homeownership Assistance Program (FHAP)

## Pre-Screening Form

Applicant (Head of Household)

Co-Applicant (or Spouse)

Full Name:

\_\_\_\_\_

\_\_\_\_\_

Date of Birth:

\_\_\_\_\_

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

City, State and Zip Code:

\_\_\_\_\_

\_\_\_\_\_

Home / Cell Phone:

\_\_\_\_\_

\_\_\_\_\_

Work Phone:

\_\_\_\_\_

\_\_\_\_\_

Email:

\_\_\_\_\_

\_\_\_\_\_

Name of Employer:

\_\_\_\_\_

\_\_\_\_\_

Employer Address:

\_\_\_\_\_

\_\_\_\_\_

Number of Years with Employer:

\_\_\_\_\_

\_\_\_\_\_

Applicant

Co-Applicant

Number of years you have lived within the corporate limits of Alexandria:

\_\_\_\_\_

\_\_\_\_\_

Are you a U.S. Citizen or possess a work permit and social security card?

\_\_\_\_\_

\_\_\_\_\_

Have you ever owned your own home?

\_\_\_\_\_

\_\_\_\_\_

Do you currently have any ownership of residential property? If yes, not eligible

\_\_\_\_\_

\_\_\_\_\_

Marital Status (Single / Married / Divorced / Widowed / Separated)

\_\_\_\_\_

\_\_\_\_\_

Other Income (Annual / Yearly):

\_\_\_\_\_

\_\_\_\_\_

Gross (Pre-Tax) Annual / Yearly Income:

\_\_\_\_\_

\_\_\_\_\_

Total Household Income from All Applicants & Sources: \_\_\_\_\_ Savings Available for Home Purchase: \_\_\_\_\_

Total Number of People in Your Household: \_\_\_\_\_ Adults: \_\_\_\_\_ Children: \_\_\_\_\_

### Certification

I/we are interested in participating in the City of Alexandria's Flexible Homeownership Assistance Program. I/we understand that this pre-screening is only a preliminary step that will be used to determine basic eligibility in order that we may begin the application process. I/we certify that the above information is true and complete to the best of my/our knowledge. I authorize the City of Alexandria or its designees to verify this information.

Applicant Signature

Date

Co-Applicant / Spouse Signature

Date

### Office of Housing

421 King St., Ste. 215, Alexandria, Virginia 22314

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