



**City of Alexandria, Virginia**  
**Flexible Homeownership Assistance Program**  
**Pre-Screening Form**

PLEASE FILL OUT COMPLETELY • PLEASE PRINT

Applicant \_\_\_\_\_ Co-Applicant \_\_\_\_\_ Other Adult \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Total # in Household \_\_\_\_ #Adults \_\_\_\_ # Dependents \_\_\_\_

Phone (home) (\_\_\_\_) \_\_\_\_\_ Phone (home) (\_\_\_\_) \_\_\_\_\_

Phone (work) (\_\_\_\_) \_\_\_\_\_ Phone (work) (\_\_\_\_) \_\_\_\_\_

Do you live within the corporate limits of the City of Alexandria, VA? No \_\_\_\_ If Yes \_\_\_\_ #Yrs. \_\_\_\_

Have you ever owned your own home? No \_\_\_\_ Yes \_\_\_\_

Do you currently have any ownership of residential property? No \_\_\_\_ If Yes \_\_\_\_ you are not eligible for assistance.

Are all applicants U.S. Citizens or do they possess a work permit and social security card? No \_\_\_\_ Yes \_\_\_\_

Marital Status (circle one): Single Married Divorced Widowed Separated

**Employment:**

Applicant's Current Employer \_\_\_\_\_

Address \_\_\_\_\_ # of years worked \_\_\_\_\_

Co-Applicant's/Other Adult's Current Employer \_\_\_\_\_

Address \_\_\_\_\_ # of years worked \_\_\_\_\_

Are any employers located within corporate limits of the City of Alexandria, VA? Yes \_\_\_\_ No \_\_\_\_

	<u>Gross Annual Salary</u>	<u>Other Income Source</u>	<u>Other Income</u>
Applicant	\$ _____	\$ _____	
Co - Applicant/Other Adult	\$ _____	\$ _____	
Total Annual Household Income	\$ _____	Savings available for home purchase \$ _____	

**Certification:**

*I/we are interested in participating in the City of Alexandria's 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 attend a Homeownership Training Course and 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 and to request a copy of my/our credit record.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant/Other Adult Signature

Date \_\_\_\_\_

Date \_\_\_\_\_

Social Security Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

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