



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

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Housing