

HOPE COMMUNITY BUILDERS

450 ROCKINGHAM DRIVE

HARRISONBURG, VA 22802

TEL. (540) 433-0152, FAX (540) 433-2424

mailto:asrat.gebre@hopecommunitybuilders.org www.hopecommunitybuilders.org

Application for the Construction of a House

Date: _____

Name _____

Social Security number: _____ Age: _____

Spouse Name: _____

Social Security no: _____ Age: _____

Home Address:

Telephone: Day _____, Evening _____

Name of Employer: _____

Employer Telephone Number: _____

Name of close friend or relative: _____

Telephone number of friend or relative: _____

Children living at home:

1. _____ Age _____ 3. _____ Age _____

2. _____ Age _____ 4. _____ Age _____

Others live at home: _____ Relationship _____

Are you related to a staff or board member of Hope Community Builders _____ Yes _____ No.

If you rent now: Name of Landlord _____ Telephone: _____

Address: _____

Monthly Rent: _____

Family Yearly Income:

What You Owe: Car Loan: _____ Yes _____ No Monthly Payment Amount \$ _____; Pay off date _____

Credit Card: _____ Yes _____ No Are Payments Current _____ Yes _____ No _____

Other Debts: _____ Yes _____ No Type _____ Amount \$ _____

Credit History: How do you rate your credit history _____ Excellent _____ Good _____ Some Problem _____ Major Problem.

I hereby authorize Hope Community Builders to pull my credit report. _____ (Signature)

Do not write below this line

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HCB Notes: