

City of Manassas Home Repair Program Preliminary Application



Name: _____

Date: _____

Address: _____

Phone: _____

Applicant Email Address _____

Please check the appropriate box on each line.

1. Current Residence

<input type="checkbox"/>	City of Manassas	<input type="checkbox"/>	Prince William County	<input type="checkbox"/>	City of Manassas Park
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2. Tenure

<input type="checkbox"/>	Owner	<input type="checkbox"/>	Renter
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3. Type of Residence Structure

<input type="checkbox"/>	Townhouse	<input type="checkbox"/>	Condominium	<input type="checkbox"/>	Single Family
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4. Ethnicity

<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Non-Hispanic
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5. Race

<input type="checkbox"/>	White	<input type="checkbox"/>	Black/African-American	<input type="checkbox"/>	Black/African American & White	<input type="checkbox"/>	Asian
<input type="checkbox"/>	Asian & White	<input type="checkbox"/>	American Indian/Alaskan Native	<input type="checkbox"/>	American Indian/Alaskan Native & White	<input type="checkbox"/>	American Indian/Alaskan Native & White
<input type="checkbox"/>	American Indian/Alaskan Native & Black/African American			<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	Other Multi-racial

6. Head of Household

<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Single Parent with Children
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7. Elderly/Disabled (65 or older)

<input type="checkbox"/>	Elderly	<input type="checkbox"/>	Disabled	<input type="checkbox"/>	Not Applicable
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8. Recipient of Homeownership Assistance with Manassas Housing Trust Fund, Inc.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	Date	<input type="checkbox"/>	Not Applicable
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9. Gross Monthly Income of All Household Members

\$

10. Household Size (Total # of people living in household including both related and unrelated)

Please check all boxes that apply to your home:

<input type="checkbox"/>	Windows/Doors Rotting	<input type="checkbox"/>	Roof Leaking
<input type="checkbox"/>	Heating System Repair/Replacement	<input type="checkbox"/>	Plumbing Repairs (bathroom-kitchen)
<input type="checkbox"/>	Electrical Repairs	<input type="checkbox"/>	Foundation Repairs
<input type="checkbox"/>	Exterior Repairs	<input type="checkbox"/>	Interior Repairs
Other/Please Explain: _____			