



Preliminary Qualification Questionnaire

Applicant/House information:

Date of Application: ___/___/___
Month Day Year

Full name: _____
Last First Middle

Phone # Home: _____ Work: _____ Cell: _____

Email: _____

Address: _____
Street

City County Zip+4

Does Applicant own this House? Yes No

If No then, provide the following information:

Name of Owner: _____
Last First Middle

Phone # Home: _____ Work: _____ Cell: _____

Email: _____

Address: _____
Street

City County Zip+4

Repair Needs: (Briefly, list the nature of the repair needs of the House)

Availability or non-availability dates and times to meet to discuss this Application:

Religious affiliation: _____ (Optional)

Name of Church: _____ (Optional)

Minister/Pastor/Priest Name: _____ Telephone: _____ (Optional)

Church Address: _____
Street City County Zip+4

SIGNATURE:

Applicant

Date: Month Day, Year

House Owner

Date: Month Day, Year

Mail completed form to: House Angels, P.O. Box 1291 Marietta, GA 30061-1291

