

Virginia Housing and Community Development Corporation

VHDC HOME BUYER EDUCATION PROGRAM PARTICIPANT QUESTIONNAIRE

Virginia Housing and Community Development Corporation (VHDC) is committed to empowering potential homebuyers with the ability and resources to make educated, informed decisions on purchasing and maintaining their first or second home. Our focus is to serve as a conduit to homeownership. All of the questions contained in this questionnaire are designed for that purpose. Your answers will be held strictly confidential and will be used for statistical purposes and to provide essential services to help you purchase your new home or condominium.

CONTACT INFORMATION

Name <i>(Last, First, M.I.):</i> _____		<input type="checkbox"/> M <input type="checkbox"/> F	DOB: Month _____ Year _____
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Partnered <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Ethnic Origin: <input type="checkbox"/> African-American (Black) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other			
Physical Address: _____		City: _____	
State & Zip Code _____		Home Phone: () _____	
Email Address: _____		Cell Phone: () _____	

HOME-BUYER READINESS

Have you owned a home or condominium at any time during the past three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when was it sold? Month _____ Year _____	
Do you currently own a home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Veteran of the U.S. Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Firefighter, Healthcare Worker, or School Employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a resident of public housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving HUD Section 8 or some other another form of housing assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the head of household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a specific school district you prefer to live in?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which school district? _____	
Is there a city or county you prefer to live in?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which city/county? _____	
Are you currently in a lease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when does it expire? _____	
Are you interested in a new home, a resale home, or both?	<input type="checkbox"/> New <input type="checkbox"/> Resale <input type="checkbox"/> Both
How soon do you want or need to be in a new home?	<input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 1 Year
Do you or any members of your family have any disabilities or other circumstances that would require specific home features or modifications to the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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MORTGAGE FINANCING, AFFORABILITY, & CREDIT

What is your annual total (gross) household income (all sources)	\$ _____ Annual Gross Income
What is the total number of persons living in your household?	_____ Total Adults & Children
Have you applied for any type of credit in the last thirty (30) days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you arranged financing to purchase a home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who is the lender? _____	
Have you been pre-qualified or pre-approved for a mortgage loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much? \$ _____ (Maximum Loan Amount)	
Do you have the funds to cover earnest money (typically 1% of the purchase price)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you require down-payment assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how much? \$ _____ (estimate)	
What is the maximum monthly mortgage payment you can afford? \$ _____	
Do you know your F.I.C.O. score?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is it? _____	
Do you currently have any outstanding judgements, garnishments, or liens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you declared bankruptcy within the last two (2) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which? Chapter 7 – Date of Discharge: _____ Chapter 13 – Date of Exit: _____	
Have you ever been in foreclosure or had property repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when? _____	

YOUR NEW HOME

Do you prefer a single story (ranch style) home, split level, or two-story home?	<input type="checkbox"/> Ranch <input type="checkbox"/> Split <input type="checkbox"/> Two-Story
What square footage do you prefer?	<input type="checkbox"/> <1,000 <input type="checkbox"/> 1k to 2k <input type="checkbox"/> >2,000
Do you prefer an Open or Traditional Floor Plan?	<input type="checkbox"/> Open <input type="checkbox"/> Traditional
Do you prefer an Office or Study?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you work at home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you prefer a patio or deck?	<input type="checkbox"/> Patio <input type="checkbox"/> Deck <input type="checkbox"/> None
Do you prefer an attached or detached garage?	<input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> None
If yes, please indicate size: <input type="checkbox"/> 1 Car <input type="checkbox"/> 2 Car <input type="checkbox"/> 3+ Cars	

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FINANCIAL & INSURANCE

Do you currently have auto insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have renters' insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, have you ever filed a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a checking or savings account?	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Do you own any stocks or bonds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a retirement plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lenders require you purchase homeowners' insurance. Would you like a quotation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have business liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like a quotation for business liability insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like a quotation for Title Insurance (Owner's Policy)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: VHDC does not issue or underwrite insurance policies. Our service partners will contact you to provide a quote. There is no cost or obligation!

CLOSING ASSISTANCE

May we refer you to our service partner for representation at closing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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FINANCIAL ASSISTANCE

May we refer you to our service partner for financial and credit counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we refer you to our service partner for an insurance checkup?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PLEASE ADD YOUR COMMENTS AND SUGGESTIONS ABOUT THIS CLASS.

Thank you!