Pre-Screening Application

DATE: _____

(PLEASE PRINT)

Please return this to either: *familyservices@seaislandhabitat.org, or Fax: (843) 768-9968*
Or mail to: *2545 Bohicket Rd.*
Johns Island, SC 29455

Name of Head of Household	Co-Applicant:
Mailing Address	
Street Address (if different from above)	
Telephone Number(s)	Cell: W: H:
E-mail address	
Family Size (how many anticipate to live in the home)	Adults: _____ Children:_____
Marital Status	Married: ____ Unmarried:_____
Household Income	GROSS - YEAR: _____ MONTH:_____WEEK_____
Name of your Employer	Location:
What ties do you have with the city you are applying to live in?	Family: _____ Friends:_____ Employment: _____
How did you hear about our program?	(please explain)
Do you own Property?	(if yes, where?) TMS#: _____
Do you have family that own a Habitat home?	(if yes, where?)