



Thank you for your interest in Prosperity House. We know that affording rent at market value can often be a daunting task in Northern Virginia. To that end, we seek to provide housing at an affordable rate while providing our clients the time and space to gain the skills and tools that will be necessary to set them up for future success.

Our program is a year-long program, with the option of yearly renewal for up to a total of three years. Each year, we meet with our residents to set goals and to plan a path forward that will allow them to be able to afford market rent upon exiting our program.

If you would like to be considered for our program, please fill out the following application and mail it to us at: P.O. Box 1972, Manassas, VA 20108 or email it to us as a PDF at ProsperityhouseVA@gmail.com.

Thank you for your interest in Prosperity House and we wish you the best!



Please answer the following questions as part of your application to Prosperity House.

1. What do you feel are the greatest obstacle(s) you are facing that prevents you from being able to afford rent at fair market value?

2. What is your plan to overcome these obstacles and how would having affordable housing help you to achieve that plan?



3. Are there specific tools or skills that you hope to gain that will set you up for success in the future? If so, what are those tools or skills you are hoping to acquire?

4. Please describe a time in your life when you were faced with a challenge and had to overcome it. What did you learn from that experience?

5. Please complete the budget sheet at the end of this application. See attached.

Quick-Start Budget

INCOME	PLANNED
Paycheck 1	\$
Paycheck 2	\$
TOTAL	\$

GIVING	PLANNED
TOTAL	\$

SAVING	PLANNED
TOTAL	\$

FOOD	PLANNED
Groceries	\$
Restaurants	\$
TOTAL	\$

UTILITIES	PLANNED
Water	\$
Electricity	\$
TOTAL	\$

HOUSING	PLANNED
Rent/Mortgage	\$
HOA Fees	\$
TOTAL	\$

TRANSPORTATION/GAS	PLANNED
TOTAL	\$

INSURANCE	PLANNED
Health	\$
Auto	\$
Renters	\$
Term Life	\$
TOTAL	\$

DEBT	PLANNED
Credit Cards	\$
Student Loans	\$
Car Payments	\$
Medical	\$
TOTAL	\$

FUN MONEY	PLANNED
TOTAL	\$

MISCELLANEOUS	PLANNED
TOTAL	\$

TOTAL INCOME

TOTAL EXPENSES

Your Goal Every Month:
Total Income - Total Expenses = \$0

FINANCES, EMPLOYMENT and EDUCATION

INCOME (complete all sources of monthly income)		
INCOME TYPE	DESCRIPTION	AMOUNT
● Earned Income (i.e. employment income)		
● Unemployment Insurance		
● Supplemental Security Income (SSI)		
● Social Security Disability Income (SSDI)		
● Veteran's Disability Payment		
● Private Disability Insurance		
● Worker's Compensation		
● Temp. Assistance for Needy Family (TANF)		
● General Assistance		
● Retirement Income from Social Security		
● Veteran's Pension		
● Other Pension		
● Child Support		
● Alimony/Other Spousal Support		
● Other Income		

NON-CASH BENEFITS (complete all sources of monthly income)	
INCOME TYPE	DESCRIPTION
● Supplemental Nut. Assistance (FOOD STAMPS)	
● MEDICAID	
● MEDICARE	
● State CHIP	
● WIC	
● Veteran's Administration Medical Services	
● TANF Child Care Services	
● TANF Transportation Services	
● Other TANF - Funded Services	

Have you participated in any job-training programs? Yes No If "yes", please describe

Did you attend Community College? Yes No If "yes", Name of College and how long

Did you attend a 4-year College? Yes No If "yes", Name of College and how long

Post-Graduate Work:

HEALTH and WELLNESS

Do you or any family member have any special medical problems ? Yes No

If "yes", please describe:

Are you currently insured? Yes No

If "yes", do you have: Private Insurance

Medicare

Medicaid

CRIMINAL BACKGROUND INFORMATION

Do you have a criminal record? Yes No

Have you or any family member listed on this application ever been arrested? Yes No

If "yes", please list:

Name: _____ Date of Arrest: _____

Misdemeanor Felony Reason: _____

Outcome: _____

CHEMICAL DEPENDENCY

Have you had any problems related to drugs or alcohol? None Drugs Alcohol Both

Have you ever been in a drug or alcohol treatment program? Drugs Alcohol Both

If you have, please list the treatment facility and dates of service:

1. _____

2. _____

3. _____

How long have you been in recovery? _____

REFERENCES

Please list 2 references (for example: employer, case manager, counselor, minister, etc.) Please do not list more than one family member.

First & Last Name	Relationship to You	How long have you known this person	Phone #