

# APPLICATION

## *James Lippincott Ministry/Genesis Ministry*

*Sponsored by Fairview Baptist Church  
900 Charlotte Street, Fredericksburg, VA 22404  
(540) 373-8377*

**Full Name:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Landlord's Name:** \_\_\_\_\_

**Landlord's Address:** \_\_\_\_\_

**Landlord's Phone #:** \_\_\_\_\_

**Length of Time at Above Address:** \_\_\_\_\_

**SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Home/Cell Phone:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

**Are You a U.S. Citizen?**     Yes     No

**Did something occur that caused your need for help?** \_\_\_\_\_

### **Previous addresses and dates of stay for the past 3 years:**

1. \_\_\_\_\_ **Dates:** \_\_\_\_\_

2. \_\_\_\_\_ **Dates:** \_\_\_\_\_

### **WORK HISTORY:**    List your previous employers for the past five years

**Name:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_

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**Name:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_

**HOUSEHOLD MEMBERS:** List all the people who will be living with you.

Please start with yourself and list the names as they appear on their birth certificate.

Name	Sex	D.O.B.	Relationship to Head of Household	SSN	Valid Driver's License?	Annual Income

**FINANCIAL HISTORY**

I. **Additional Income:** Please list all income, other than employment, and the name of the person receiving the benefits. (Include child support, social security and retirement)

Name	Source of Income	Amount of Income

II. **Monthly Expenses:** Please include any outstanding debt.

Company	Amount	Company	Amount

- A. How would you describe your credit? (Excellent/Good/Poor) \_\_\_\_\_
- B. Have you ever declared bankruptcy? \_\_\_\_\_ If yes, when? \_\_\_\_\_
- C. Do you or anyone else have any judgments against you? \_\_\_\_\_  
If yes, by whom? \_\_\_\_\_
- D. List all financial gifts & provider of gifts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RELIGIOUS AFFILIATION**

I. Do you have a religious affiliation? \_\_\_\_\_

If yes, what church do you attend? \_\_\_\_\_

Would you like to know more about Fairview and its programs? \_\_\_\_\_

**REFERENCES:** Please list three character references.

Name	Address	Phone #	Relationship

The applicant understands and authorizes the James Lippencott Housing Ministry to perform an in depth study to determine the applicant's need, ability to pay homeowner expenses, character and reputation. This study will include a personal visit and/or interview, a credit check, criminal background check and reference contact. This information will only be used for and by the Ministry to determine eligibility for the housing program. Providing false information will lead to the termination of this application process and full disclosure will help ensure a timely response. The applicant's signature signifies approval for the above-mentioned checks and requirements. You will be contacted once a decision has been reached. NO PHONE CALLS ARE ACCEPTED.

\_\_\_\_\_

\_\_\_\_\_

Head of Household Signature

Date

Please fax completed application to:  
Judith Parker  
(540) 720-8302