

**SELF HELP PROGRAM**

**PRE-QUALIFICATION PACKAGE**

This is a Pre-Qualification Package to see if you MAY qualify for a USDA, Rural Development 502 mortgage loan.

The information asked on these forms is important in determining your possible eligibility for this program. Without this information, we cannot determine possible eligibility.

The most important information is your ANNUAL INCOME.

Complete the attached forms and call the person listed below for an appointment:

*Katie Wilson, Self-Help Family Coordinator*

*241-2871 extension 102*

We look forward to working with you towards eligibility for our Self-Help Program.

Sincerely,

The Staff at Housing Resources

## USDA, RURAL DEVELOPMENT PREQUALIFICATION WORKSHEET

**Please fill in all boxes as completely as possible.**

County where you wish to purchase a home: \_\_\_\_\_

<b>Applicant Name:</b>	Applicant's Social Security No.	Applicant Phone Numbers	
		Work:	
		Home:	
		Cell:	
Circle One:      Unmarried	Married	Separated	
Applicant Mailing Address:	Applicant Physical Address:	Previous Address:	
Applicant's Employer:	Employer's Address:	Employer's Phone Number:	
Applicant's Birthdate:                      Age:	Applicant's Position Title:	Applicant's Annual Gross Income \$	Term of Employment Yrs.      Mos.

<b>Co-Applicant Name:</b>	Social Security Number:	Phone Numbers:	
		Work:	
		Home:	
		Cell:	
Circle One:      Unmarried	Married	Separated	
Co-Applicant Mailing Address:	Physical Address:	Previous Address:	
Co-Applicant Employer:	Employer Address:	Employer Phone Number:	
Co-Applicant's Birthdate:                      Age:	Co-Applicant Position Title:	Co-Applicant's Annual Gross Inc. \$	Term of Employment Yrs.      Mos.

<b>OTHER INCOME</b>	
Child Support/Alimony: _____	AFDC/TANF: _____
Social Security, SSDI: _____	Foster Care: _____
Other: _____	

List other Adults in Household and their Annual Income	List Children Names and Ages
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Monthly Rent Payment	Monthly Child Care Payment:
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# PREQUALIFICATION WORKSHEET

Monthly Debts (i.e., auto loans, credit cards, furniture, co-signed payments, student loans, child support)		
Debt Owed To:	Monthly Payment:	Balance:
Assets: (land, vehicles, investments, cash etc)		
E-MAIL Address (Optional):		
<b>How did you hear about our programs?</b>		