

Pre-Qualification Worksheet

THIS IS FOR INFORMATION PURPOSES ONLY AND DOES NOT CONSTITUTE AN APPLICATION FOR ASSISTANCE

Date	County You Wish To Live In		
I. Applicant Information			
Applicant		Co-Applicant	
Disabled (please circle): YES NO		Disabled (please circle): YES NO	
Social Security Number	Date of Birth	Social Security Number	Date of Birth
Mailing Address and Phone Number			Monthly Rent:
II. Household Information			
How Many People (Adults and Children) Will Be Living In The Household?:			
<i>Please List Names and Ages of Anyone Else (Children and Adults) Living In The Household (not including Applicant and Co-Applicant)</i>			
Household Member 1 (name and age)		Household Member 2 (name and age)	
Household Member 3 (name and age)		Household Member 4 (name and age)	
III. Applicant/Co-Applicant Income Information			
<i>IF THE HOUSEHOLD MEMBER IS NOT EMPLOYED BUT RECEIVES INCOME FROM SS, DISABILITY, RETIREMENT, ALIMONY, ETC. PLEASE SPECIFY THEIR SPECIFIC SOURCE OF INCOME</i>			
Applicant Employer/Source of Income		Co-Applicant Employer/Source of Income	
Amount of Income Received (i.e., \$100/week or \$400/month)		Amount of Income Received (i.e., \$100/week or \$400/month)	
How Often Is Your Income Received (please circle):		How Often Is Your Income Received (please circle):	
Hourly (specify how many hours worked in a week) _____		Hourly (specify how many hours worked in a week) _____	
Bi-Weekly Weekly Monthly Annually		Bi-Weekly Weekly Monthly Annually	
Monthly Child Support Received (if applicable)			
Monthly Child Care Paid (if applicable)			
IV. Additional Household Members Income Information			
<i>PLEASE PROVIDE INCOME INFORMATION FOR THE ADDITIONAL HOUSEHOLD MEMBERS LISTED IN SECTION II</i>			
Household Member 1 Employer/Source of Income		Household Member 2 Employer/Source of Income	
Amount of Income Received (i.e., \$100/week or \$400/month)		Amount of Income Received (i.e., \$100/week or \$400/month)	
How Often Is Your Income Received (please circle):		How Often Is Your Income Received (please circle):	
Hourly (specify how many hours worked in a week) _____		Hourly (specify how many hours worked in a week) _____	
Bi-Weekly Weekly Monthly Annually		Bi-Weekly Weekly Monthly Annually	

IV. Additional Household Members Income Information Continued

Household Member 3 Employer/Source of Income	Household Member 4 Employer/Source of Income
Amount of Income Received (i.e., \$100/week or \$400/month)	Amount of Income Received (i.e., \$100/week or \$400/month)
How Often Is Your Income Received (please circle): Hourly (specify how many hours worked in a week) _____ Bi-Weekly Weekly Monthly Annually	How Often Is Your Income Received (please circle): Hourly (specify how many hours worked in a week) _____ Bi-Weekly Weekly Monthly Annually

V. Monthly Debts/Payments

PLEASE LIST ANY DEBTS OR PAYMENTS THAT YOU MAKE MONTHLY (I.E. BANK LOANS, CAR LOANS, FINANCE COMPANES, CREDIT CARDS, ETC.) -- **DO NOT INCLUDE TELEPHONE, ELECTRIC BILLS OR OTHER UTILITIES**

CREDITOR:	MONTHLY PAYMENT:
CREDITOR:	MONTHLY PAYMENT:
CREDITOR:	MONTHLY PAYMENT:
CREDITOR:	MONTHLY PAYMENT:
CREDITOR:	MONTHLY PAYMENT:
CREDITOR:	MONTHLY PAYMENT:

VI. Additional Information

PLEASE LIST ANY ADDITIONAL INFORMATION THAT COULD HELP US IN PROCESSING YOUR PRE-QUALIFICATION

_____ _____ _____ _____ _____ _____ _____ _____ _____

VI. Signatures

APPLICANT SIGNATURE	CO-APPLICANT SIGNATURE
_____	_____

ALSO SIGN THE ATTACHED FORM **3550-1, AUTHORIZATION TO RELEASE INFORMATION**, PLEASE SUBMIT ALL 3 PAGES TO USDA-RURAL DEVELOPMENT (ADDRESS/FAX NUMBER LISTED ON COVER PAGE)