

DATE:



### PREQUALIFICATION INFORMATION WORKSHEET

#### PROGRAM INFORMATION REQUESTING

Program Applying For:  Home Repairs  Home Purchase

County in which you live or wish to live:  Mitchell  Yancey  Madison  Buncombe  
 Henderson  Transylvania  Other:

#### HOUSEHOLD INFORMATION

Applicant's Name: \_\_\_\_\_ Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Status (check one):  Married  Separated  Unmarried  Widow/Other

Co-Applicant's Name: \_\_\_\_\_ Social Security: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Status (check one):  Married  Separated  Unmarried  Widow/Other

Mailing Address: \_\_\_\_\_  
**(please complete full mailing address with city and zip code)**

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

#### Dependants in Household

NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH

#### OTHER ADULTS THAT WILL BE LIVING IN THE HOME- AGE 18 AND OVER

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Income: \$ \_\_\_\_\_  Hourly  Weekly  Bi-weekly  Monthly Hours per week: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Income: \$ \_\_\_\_\_  Hourly  Weekly  Bi-weekly  Monthly Hours per week: \_\_\_\_\_

## INCOME, WAGE, AND NON-WAGE INFORMATION

Applicant's Income: \$ \_\_\_\_\_  Hourly  Weekly  Bi-weekly  Monthly Hours per week: \_\_\_\_\_

If Self-Employed: Net profit plus depletion and depreciation from Schedule C, last two year average: \_\_\_\_\_

Co-Applicant's Income: \$ \_\_\_\_\_  Hourly  Weekly  Bi-weekly  Monthly Hours per week: \_\_\_\_\_

If Self-Employed: Net profit plus depletion and depreciation from Schedule C, last two year average: \_\_\_\_\_

**IF YOU RECEIVE ANY OF THE FOLLOWING PLEASE COMPLETE:**

INCOME SOURCE	AMOUNT RECEIVED	SPECIFY: WEEKLY/MONTHLY
CHILD SUPPORT		
STATE PUBLIC ASSISTANCE (AFDC)		
SOCIAL SECURITY BENEFITS		
FOOD STAMPS		
OTHER: PLEASE SPECIFY		

## DEBTS AND EXPENSES

Rent: \$ \_\_\_\_\_ Monthly How long have you lived at the residence? \_\_\_\_\_

If less than two years please complete:

Prior Address: \_\_\_\_\_

How long? \_\_\_\_\_ Rent: \$ \_\_\_\_\_ Monthly

Child Care Expense: \$ \_\_\_\_\_  Weekly  Bi-weekly  Monthly

Other(alimony)please specify: \_\_\_\_\_ \$ \_\_\_\_\_  Weekly  Bi-weekly  Monthly

## CREDITORS: PERSONAL LOANS, AUTO LOANS, CREDIT CARDS, AND OTHER

NAME OF CREDITOR	MINIMUM MONTHLY PAYMENT	OUTSTANDING BALANCE

Have you ever been obligated to a loan that resulted in foreclosure or repossession?  Yes  No

Have you been declared bankrupt within the past 7 years?  Yes  No

If you are requesting home repairs please list repairs you are requesting and how much you think you will need:

\_\_\_\_\_

\_\_\_\_\_

Note: This information submitted is used to make a preliminary decision of eligibility for RHS assistance. The information submitted should be accurate as possible. Final eligibility will be determined after a complete application is submitted to Rural Development. Please return this form to Rural Development NC or call our Office: (828) 765-0889 Ext. 4 or Fax: (828) 765-8455.

**EMPLOYMENT HISTORY**

(Applicant) Name and Address of Employer <input type="checkbox"/> Self Employed		Yrs. on this job	(Co-Applicant) Name and Address of Employer <input type="checkbox"/> Self Employed		Yrs. on this job
		Yrs. employed in this line of work/profession			Yrs. employed in this line of work/profession
Position/Title/Type of Business		Business Phone (incl. area code)	Position/Title/Type of Business		Business Phone (incl. area code)

**If employed in current position for less than two years or if currently employed in more than one position, please complete the following:**

Name and Address of Employer <input type="checkbox"/> Self Employed		Dates (from-to)	Name and Address of Employer <input type="checkbox"/> Self Employed		Dates (from – to)
		Monthly Income \$			Monthly Income \$
Position/Title/Type of Business		Business Phone (incl. area code)	Position/Title/Type of Business		Business Phone (incl. area code)
Name and Address of Employer <input type="checkbox"/> Self Employed		Dates (from – to)	Name and Address of Employer <input type="checkbox"/> Self Employed		Dates (from – to)
		Monthly Income \$			Monthly Income \$
Position/Title/Type of Business		Business Phone (incl. area code)	Position/Title/Type of Business		Business Phone (incl. area code)

**Asset Information**

**Applicant:** Checking account balance: \_\$ \_\_\_\_\_ Savings account balance: \_\$ \_\_\_\_\_

**Co-Applicant:** Checking account balance: \_\$ \_\_\_\_\_ Savings account balance: \_\$ \_\_\_\_\_

**For other assets (stocks, bonds, certificates of deposit, real estate), please attach a separate sheet listing types and amounts.**

**Statement of Commitment**

The self-help housing program requires that each household work approximately 20 hours per week on home construction. Can you realistically work approximately 20 hours per week? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

In the self help program, you not only work on your own home, but on homes belonging to others in the group, and they work on yours. Groups usually consist of four to eight participants. No member of the group moves in until all the homes are complete. Are you willing to complete all the homes in your group? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Are you physically able to do light construction? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Do you have transportation to get to and from the construction site? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Applicant Rights and Responsibilities**

I understand that I have the right to a fair hearing of any action directly concerning this application. I certify that I have read **completely** this application, or that it has been read to me. **I further certify that all information contained herein is true.** I also certify that a false statement or false representation made by me for the purpose of obtaining services makes me subject to prosecution under penalty of law. I also authorize Mountain Housing Opportunities, Inc. to make any and all inquiries to verify the answers I have given, such as release of information listed above to other agencies on my behalf for the purpose of verification in connection with any assistance that may be provided to me.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return pre-application to:

**Mountain Housing Opportunities, Inc.**  
**64 Clingman Avenue, Suite 101**  
**Asheville, NC 28801**  
**ATTN: Megan Kirby**  
**Phone: 828-254-4030 x 122**  
**Fax: 828-254-0120**



**Mountain Housing Opportunities**

64 Clingman Ave.

Suite 101

Asheville, NC 28801

828-254-4030 FAX: 828-254-0124

**AUTHORIZATION TO RELEASE INFORMATION**

NOTICE TO BORROWER(S):

This form will allow Mountain Housing Opportunities (MHO) to:

- Request any Verification of Employment, Verification of Deposit, or Verification of Mortgage or Rent;
- To release certain information to its employees involved in processing your application; and
- To reverify any information contained in your loan application either before the loan is closed or after closing.
- To pull a credit report

Your authorization to release this information and request these verifications will expedite the processing of your loan application.

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TO WHOM IT MAY CONCERN:

I hereby authorize MHO, its agents, successors and assigns to verify my past and present employment history and earnings records, social security and other retirement benefits, bank accounts, stock and bond holdings, and any other asset balances needed to process my mortgage loan application. I further authorize MHO to order a consumer credit report and I authorize MHO and the credit Bureau to verify information including past and present mortgage and landlord references. MHO, its agents, successors and assigns may reverify the information or documents used in processing my mortgage loan application at any time during the life of the loan.

I hereby authorize MHO or any potential investor or insurer of this specific credit transaction to obtain state records of employment and income history, including State Employment Security Agency records for a period of one year from the date of this authorization. I understand that a refusal to consent shall not be the basis for the denial of credit and that my decision to disclose is voluntary and not required by law.

I hereby authorize MHO to release information concerning the disposition of my application to its employees involved in processing my application and, if my application is rejected or MHO makes a counter offer, MHO may release the reasons for its actions to such persons.

The information obtained is only to be used in connection with the processing of my application for a mortgage loan, or in connection with any quality control program which reviews the application.

A COPY OF THIS RELEASE IS ALSO AN ACCEPTABLE AUTHORIZATION.

\_\_\_\_\_  
Borrower

\_\_\_\_\_  
Borrower

\_\_\_\_\_  
Date