



HOUSING ASSISTANCE PRE-QUALIFICATION FORM

DPA
HB
AEP
DOLLY
NSP/HB

Date: _____

Time: _____

Borrower's Name: _____

Co-Borrower's Name _____

Mailing Address: _____

Home # _____ Work # _____ Alternate # _____

Including yourself, how many people will occupy the home? _____

Name(s) of Other Household Members	Relationship	Age	Employment Status

What is the monthly gross income for each person in your household?

Salary/Wages	\$ _____	Disability	\$ _____
Salary/Wages	\$ _____	Retirement	\$ _____
Child Support	\$ _____	TANF	\$ _____
Social Security	\$ _____	Other	\$ _____

Estimated Annual Income \$ _____

As of 5-31-2011 INCOME LIMITS	HOUSEHOLD SIZE							
	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
HOME 80% AMI	\$27,250	\$31,150	\$35,050	\$38,900	\$42,050	\$45,150	\$48,250	\$51,350

*Based on the information provided this household (**does** circle one **does not**) appear to be eligible.

Name of HUD/FHA-Approved Lender? _____

Lender Contact Name/Phone Number: _____

Have you attended an 8-hour Homebuyer Education Class? _____

Have you owned a home within the last 3 years? _____

Is your credit: excellent good fair bad? (circle one)

I/We understand that the above information is being collected to determine if I/We may be eligible to receive Housing Assistance. This is not an application for assistance. I/We understand that I/We must secure primary financing through a HUD/FHA-approved lender before a final determination can be made.

Signature of Borrower

Date

Signature of Co-Borrower

Date

For Staff Use Only
Comments: