



Prequalification Worksheet

www.communityrebuilds.org
apply@communityrebuilds.org

Phone: (435) 260-0501
Office Address: 150 S 200 E Moab, UT 84532



Primary Applicant Personal Information

Applicant Name | _____

Social Security Number | _____ Date of Birth | _____

Email Address | _____

Cell | _____ Home | _____ Work | _____

Mailing Address | _____ Physical Address | _____

County where you applying | _____ How long have you lived in indicated county? _____

Primary Applicant Employment Information

Employer 1

Employer | _____ Applicant Position | _____

Annual Gross Income | _____ Term of Employment | _____ Yrs. _____ Mos.

Is this a seasonal position? If so, what dates are you employed? _____

Employer 2

Employer | _____ Applicant Position | _____

Annual Gross Income | _____ Term of Employment | _____ Yrs. _____ Mos.

Is this a seasonal position? If so, what dates are you employed? _____

Employer 3

Employer | _____ Applicant Position | _____

Annual Gross Income | _____ Term of Employment | _____ Yrs. _____ Mos.

Is this a seasonal position? If so, what dates are you employed? _____

Self-Employed

Name of Business | _____ How long has this business been in operation? _____

Annual adjusted gross income for the past two years | ie 2016 - \$35,000 and 2017 - \$24,300 _____



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Co Applicant Personal Information

Applicant Name | _____

Social Security Number | _____ Date of Birth | _____

Email Address | _____

Cell | _____ Home | _____ Work | _____

Mailing Address | _____ Physical Address | _____

County where you applying | _____ How long have you lived in indicated county? _____

US Citizen Yes No Permanent resident alien Yes No

Co Applicant Employment Information

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Other Income

	Amount per year	Primary or Co App.		Amount per year	Primary or Co App.
Child Support/Alimony	_____	_____	AFDC/TANF	_____	_____
Social Security, SSDI	_____	_____	Retirement/Pension	_____	_____
Child Care Assistance	_____	_____	Food Stamps	_____	_____
Unemployment	_____	_____	Other	_____	_____

Additional Household Members

List other adults living in household and their annual income |

List any children in household and their respective ages |

Expenses

Monthly Rent | _____ Monthly Child Care | _____ Other | _____

Monthly Debts

Debt Owed To	Minumum Monthly Payment	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Assets

TYPE	VALUE
Savings Account	
Checking Account	
Retirement	
IRAs	

Do you own land? If yes, is it located in the county where you are applying, what is the acreage and is it buildable? _____

Have you ever been a homeowner previously? _____

If yes, when did you own your home? _____

Are you currently applying for any other home loans or programs? If so, which ones? _____

By signing below, I verify that all information provided in this form is accurate to my knowledge.

Applicant Signature | _____

Date | _____

Co- Applicant Signature | _____

Date | _____

"We are an equal opportunity agency. Any accommodations including auxiliary aids and services are available upon request to individuals with disabilities by calling 435-260-0501 at least 3 days prior to your appointment. Individuals with speech and/or hearing impairments may call the Relay Utah by dialing 711, and/or Spanish relay Utah: 1-888-346-3162 for assistance."