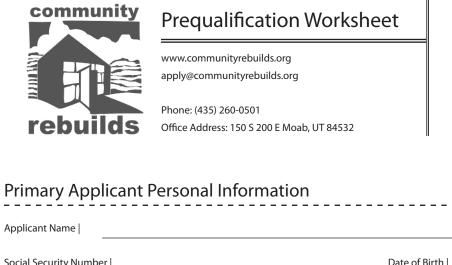
Processed by |

EQUAL HOUSING OPPORTUNITY



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 india	cated 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 operati	ion?		

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



Prequalification Worksheet

www.communityrebuilds.org apply@communityrebuilds.org

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



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Co Applicant Personal Information

Applicant Name					
Social Security Number	Date of Birth				
Email Address					
Cell	Home	W	/ork		
Mailing Address	Physical A	ddress			
County where you applying	How long hav	e you lived in indicat	ed county?		
US Citizen Yes No Perr	nanent resident alien Yes No				
Co Applicant Employment	t Information				
Employer 1					
Employer	Applicant Pos	sition			
Annual Gross Income	Term of Empl	oyment	YIS.	Mos.	
Is this a seasonal position? If so, what dates ar	e you employed?				
Employer 2					
Employer	Applicant Pos	sition			
Annual Gross Income	Term of Empl	oyment	Yrs.	Mos.	
Is this a seasonal position? If so, what dates are you employed?					
Employer 3					
Employer	Applicant Pos	sition			
Annual Gross Income	Term of Empl	oyment	Yrs.	Mos.	
Is this a seasonal position? If so, what dates ar	e you employed?				
Self-Employed					
Name of Business	How long has this busine	ess been in operatior	ı?		



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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 Securty, SSDI	I		Retirement/Pension		
Child Care Assistance			Food Stamps	l	
Unemployment			Other		
Additional Household	d Members				
List other adults living in houshold ar	nd their annual income				
List any children in household and th	eir respective ages				

Expenses

Monthly Rent		Monthly Child Care		Other		
Monthly [Debts					
	Debt Owed To		Minumum Monthly Payment	:	Balance	



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Assets

ТҮРЕ	VALUE
Savings Account	
Checking Account	
Retirement	
IRAs	
Do you own land? If yes, is it located in the county where you are applyin	ng, 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, v	which ones?
By signing below, I verify that all informa	ation 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."