

Applicant	Co-Applicant
Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Preferred Phone: _____	Preferred Phone: _____
Alternate Phone: _____	Alternate Phone: _____
Email Address: _____	Email Address: _____

List all household members (dependents and others who will live with you)			
Name	Gender	Age	Relationship to Applicant

Please describe any physical limitations of household members: _____

How is your current housing inadequate for your family's needs? Include extra sheets if needed.

Do you own and occupy the property you currently live in? ☐ Yes ☐ No

Is the dwelling a mobile/manufactured home? ☐ Yes ☐ No

Applicant	Co-Applicant
Name: _____	Name: _____
Current Employer: _____	Current Employer: _____
Date Started: _____	Date Started: _____
Monthly Gross Income: _____	Monthly Gross Income: _____
Business Phone: _____	Business Phone: _____
Self Employed: <input type="checkbox"/> yes <input type="checkbox"/> no	Self Employed: <input type="checkbox"/> yes <input type="checkbox"/> no

If employed in current position for LESS than TWO YEARS or if currently employed in more than one position, complete the following:

Applicant	Co-Applicant
Applicant Name: _____	Co-Applicant Name: _____
Employer: _____	Employer: _____
Date Started: _____	Date Started: _____
Monthly Gross Income: _____	Monthly Gross Income: _____
Business Phone: _____	Business Phone: _____
Self Employed: <input type="checkbox"/> yes <input type="checkbox"/> no	Self Employed: <input type="checkbox"/> yes <input type="checkbox"/> no
Still Employed: <input type="checkbox"/> yes <input type="checkbox"/> no End Date _____	Still Employed: <input type="checkbox"/> yes <input type="checkbox"/> no End Date _____

Applicant	Co-Applicant
Applicant Name: _____	Co-Applicant Name: _____
Employer: _____	Employer: _____
Date Started: _____	Date Started: _____
Monthly Gross Income: _____	Monthly Gross Income: _____
Business Phone: _____	Business Phone: _____
Self Employed: <input type="checkbox"/> yes <input type="checkbox"/> no	Self Employed: <input type="checkbox"/> yes <input type="checkbox"/> no
Still Employed: <input type="checkbox"/> yes <input type="checkbox"/> no End Date _____	Still Employed: <input type="checkbox"/> yes <input type="checkbox"/> no End Date _____

Applicant	Co-Applicant
Applicant Name: _____	Co-Applicant Name: _____
Employer: _____	Employer: _____
Date Started: _____	Date Started: _____
Monthly Gross Income: _____	Monthly Gross Income: _____
Business Phone: _____	Business Phone: _____
Self Employed: <input type="checkbox"/> yes <input type="checkbox"/> no	Self Employed: <input type="checkbox"/> yes <input type="checkbox"/> no
Still Employed: <input type="checkbox"/> yes <input type="checkbox"/> no End Date _____	Still Employed: <input type="checkbox"/> yes <input type="checkbox"/> no End Date _____

Other Monthly Income If none, please circle N/A	Applicant	Co-Applicant
Unemployment or Workers Compensation	\$	\$
Public Assistance Income (i.e. MFIP, other cash assistance)	\$	\$
Social Security and Supplemental Security Income (SSI)	\$	\$
Disability Payments	\$	\$
Child Support, Alimony, Separate Maintenance Payments (if want this included in monthly income)	\$	\$
Other (list source)	\$	\$
For Office Use Only	Applicant	Co-Applicant
Total Monthly Gross Income		

Credit/Debts

Credit/Debt	Applicant	Co-Applicant
How much do you currently pay for rent or mortgage each month?	\$	per month
Does this include utilities?	___ Yes ___ No	___ Yes ___ No
Utilities (heat, electric, water)	\$	per month
What's your current monthly payment for:		
Car/Truck	\$	\$
Other Vehicle	\$	\$
Personal Loan(s)	\$	\$
Student Loan(s)	\$	\$
Credit Cards	\$	\$
Alimony Paid	\$	\$
Child Support Paid	\$	\$
Medical Bills	\$	\$
Monthly Child Care	\$	\$
Other (Please Describe)	\$	\$
Total Expenses	\$	\$
Do you have an outstanding court judgement?	___Yes ___ No	___Yes ___ No
Have you declared bankruptcy in the last 2 years?	___Yes ___ No	___Yes ___ No
Assets	Applicant	Co-Applicant
Checking Balance	\$	\$
Savings Balance	\$	\$
Other (i.e. stocks, CD's, 401K, Bonds, IRA's)	\$	\$
For Office Use Only	Applicant	Co-Applicant
Total Credit/Debt		

OTHER HOUSEHOLD MEMBER/S CURRENT EMPLOYMENT AND INCOME INFORMATION
Complete for additional household members age 18 and over (attach extra sheets if needed)

Household Member Over 18	Household Member Over 18
Household Member Name: _____	Household Member Name: _____
Employer: _____	Employer: _____
Date Started: _____	Date Started: _____
Monthly Gross Income: _____	Monthly Gross Income: _____
Business Phone: _____	Business Phone: _____
Self Employed: ____yes ____no	Self Employed: ____yes ____no
Household Member Over 18	Household Member Over 18
Household Member Name: _____	Household Member Name: _____
Employer: _____	Employer: _____
Date Started: _____	Date Started: _____
Monthly Gross Income: _____	Monthly Gross Income: _____
Business Phone: _____	Business Phone: _____
Self Employed: ____yes ____no	Self Employed: ____yes ____no
Household Member Over 18	Household Member Over 18
Household Member Name: _____	Household Member Name: _____
Employer: _____	Employer: _____
Date Started: _____	Date Started: _____
Monthly Gross Income: _____	Monthly Gross Income: _____
Business Phone: _____	Business Phone: _____
Self Employed: ____yes ____no	Self Employed: ____yes ____no

***All Pre-Qualification forms must be postmarked
or received by Noon on June 29, 2020.***

Mail all documents to: Two Rivers Habitat for Humanity
1530 Greenview Dr. SW Suite 107
Rochester, MN 55902

Or email to: apply@tworivershabitat.org

We will not be responsible for any original documents included with your paperwork

PRE-QUALIFICATION CHECKLIST

The following items are required to be returned to be considered for pre-qualification:

- ☐ The **COMPLETED** pre-qualification form.
- ☐ A **COPY** of any one of the following must be included as evidence that applicant/s are **US citizens or have Permanent Residency status**.
 - Valid, unexpired Driver's License
 - Government Issued ID Card
 - Valid, unexpired US Passport
 - Certificate of Citizenship (N-560, N-561, N-645)
 - Certified of Naturalization (N-550, N-570, N-578)
 - Re-entry Permit/Refugee Travel Document (I-327, I-571)
 - Alien Registration Receipt Card
 - Certified Birth Certificate
 - Certificate of Birth Abroad (FS-240, FS-545, DS-1350)
 - Certified adoption certificate from a US court
 - Permanent Resident Card (Form I-551)
- If you are invited to move forward to the full Application process, you will be required to present an original of the identification
- ☐ Copies of paystubs for the past two months for each household member age 18 and over
- ☐ Copies of applicant/s first two pages of your 1040 Tax form for the last 2 years that have been submitted

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***Questions? Contact our office
507.252.0849 or
ryankp@tworivershabitat.org***