



Pre-Qualification Form
(Please type or print legibly)



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



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Monthly Income

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: __yes __no	Self Employed: __yes __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: __yes __no	Self Employed: __yes __no
Still Employed: __yes __no End Date _____	Still Employed: __yes __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: __yes __no	Self Employed: __yes __no
Still Employed: __yes __no End Date _____	Still Employed: __yes __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: __yes __no	Self Employed: __yes __no
Still Employed: __yes __no End Date _____	Still Employed: __yes __no End Date _____

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

For Office Use Only	Applicant	Co-Applicant
Total Monthly Gross Income		

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	
Utilities (heat, electric, water)	\$ per month	
What's your current monthly payment for:		
Car / Truck	\$ N/A	\$ N/A
Other Vehicle	\$ N/A	\$ N/A
Personal Loan(s)	\$ N/A	\$ N/A
Student Loan(s)	\$ N/A	\$ N/A
Credit Cards	\$ N/A	\$ N/A
Alimony Paid	\$ N/A	\$ N/A
Child Support Paid	\$ N/A	\$ N/A
Medical Bills	\$ N/A	\$ N/A
Monthly Child Care	\$ N/A	\$ N/A
Other (Please Describe)	\$ N/A	\$ N/A
Total Expenses	\$ N/A	\$ N/A
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		



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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 March 15, 2019.



PRE-QUALIFICATION CHECKLIST

The following items are required to be returned with this 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 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, originals will be required to be presented**
- ☐ 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 2016 and 2017
- ☐ Mail all documents to:

Two Rivers Habitat for Humanity
1530 Greenview Dr. SW Suite 107
Rochester, MN 55902

- ☐ Deliver to our office:

108 W Vine St
Owatonna MN 55060

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

All pre-qualification forms must be postmarked or received by March 15, 2019.

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