



PRE-QUALIFICATION APPLICATION

APPLICANT Full Name			Co-APPLICANT Full Name		
First	Middle	Last	First	Middle	Last

Street Address	Street Address
E-MAIL	E-MAIL

Home Phone	Work Phone	Cell Phone	Home Phone	Work Phone	Cell Phone

Date of Birth	SSN	Date of Birth	SSN

Place of Employment (include Mailing Address)		Place of Employment (include Mailing Address)	
Gross Monthly Income	\$	Gross Monthly Income	\$

Paid Daily _____ Weekly _____ 2 Weeks _____ Monthly _____ Paid Daily _____ Weekly _____ 2 Weeks _____ Monthly _____

Previous employer if less than two years	Previous employer if less than two years

Other Income: Source (i.e. Child Support, Disability, Public Assistance, Social Security, Retirement Income or Pensions, Veteran's or GI Benefits, Unemployment, Worker Compensation, Contributions, Cash Gifts, Rental Income, Sale of Property, Interest, Dividends, Royalties, Scholarships, Grants and Loans for School) and Amount

Who	Source	Amount	Who	Source	Amount
		\$			\$
		\$			\$
		\$			\$

Other Household Members			
Full Name (first name, middle names, and last name)	Relationship	Age	

Have you ever owned a home? Yes _____ No _____

Have you owned a home in the last three years? Yes _____ No _____

I/We certify that the information given in this form is true and accurate and complete to the best of my/our knowledge. I/We certify that I/we have no additional income and that there are no persons living in or contributing to my household other than those described here. I/We understand that information on this form is subject to verification. I/We certify under penalty of perjury that the foregoing is true and correct. – Section 504 of the Rehabilitation Act of 1973 prohibits the exclusion of an otherwise qualified individual, solely by reason of disability, from participation under and program receiving federal funds.

Signature (Applicant)

Date