

RURAL DEVELOPMENT PREQUALIFICATION WORKSHEET

2847 ASHMUN STREET, SAULT STE. MARIE, MI 49783
Phone: 906-632-9611 EXT 4 Fax: 855-663-1383

REAL ESTATE AGENT/CONTRACTOR/ORGANIZATION				PHONE NUMBER		FAX NUMBER		E-MAIL ADDRESS					
APPLICANT #1					APPLICANT #2								
PRINT FULL LEGAL NAME (INCLUDE JR. OR SR. IF APPLICABLE)					PRINT FULL LEGAL NAME (INCLUDE JR. OR SR. IF APPLICABLE)								
SOCIAL SECURITY NUMBER		DAYTIME PHONE (INCLUDE AREA CODE)		AGE	FAMILY SIZE	SOCIAL SECURITY NUMBER		DAYTIME PHONE (INCLUDE AREA CODE)		AGE			
<input type="radio"/> MARRIED <input type="radio"/> UNMARRIED (INCLUDE SINGLE, DIVORCED, WIDOWED) <input type="radio"/> SEPARATED		DEPENDENTS (NOT LISTED BY APP #2) No. AGES				<input type="radio"/> MARRIED <input type="radio"/> UNMARRIED (INCLUDE SINGLE, DIVORCED, WIDOWED) <input type="radio"/> SEPARATED		DEPENDENTS (NOT LISTED BY APP #1) No. AGES					
PRESENT ADDRESS (STREET, CITY, STATE, ZIP)					<input type="radio"/> OWN <input type="radio"/> RENT No. OF YRS. _____ PAYMENT \$ _____ LANDLORD A RELATIVE? <input type="radio"/> YES <input type="radio"/> NO		PRESENT ADDRESS (STREET, CITY, STATE, ZIP)					<input type="radio"/> OWN <input type="radio"/> RENT No. OF YRS. _____ PAYMENT \$ _____ LANDLORD A RELATIVE? <input type="radio"/> YES <input type="radio"/> NO	

MONTHLY INCOME AND COMBINED HOUSING EXPENSE INFORMATION

MONTHLY INCOME	APPLICANT #1	APPLICANT #2	OTHER ADULT(S)**	TOTAL INCOME	MONTHLY DEBTS	CHECK THE SERVICES YOU ARE APPLYING FOR	
MONTHLY WAGE (BEFORE TAXES)	\$	\$	\$	\$	CHILD CARE EXP. \$	PURCHASE/CONSTRUCT A HOME	
OVERTIME/BONUS/COMMISSION					CREDIT CARDS	PURCHASE PRICE/COST (IF KNOWN) \$	
SELF EMPLOYMENT (2 YEAR NET AVERAGE)					CAR PAYMENTS	REFINANCE WITH HOME REPAIRS OVER \$5,000	
CHILD SUPPORT RECEIVED					BANK LOAN	REFINANCE DUE TO HARDSHIP	
SOCIAL SECURITY/SSI/SSD					STUDENT LOAN	HOME REPAIR/IMPROVEMENT	
CASH ASSISTANCE OR STATE AID					CHILD SUPPORT/ ALIMONY YOU PAY	AMOUNT FOR REPAIRS (IF KNOWN) \$	
UNEMPLOYMENT					PERSONAL LOAN	TYPE OF REPAIR? APPLICANT #1 LENGTH OF TIME ON JOB	
OTHER INCOME (SPECIFY)					OTHER-SPECIFY	APPLICANT #2 LENGTH OF TIME ON JOB	
					TOTAL \$	CASH ASSETS OVER \$5,000 Yes No	

YOUR PROPOSED HOME WILL BE LOCATED IN _____ COUNTY.

****OTHER ADULTS IN HOUSEHOLD: NAME _____ AGE _____**

Certification: I certify that the information provided in this application is true and correct as of the date set forth opposite my signature on this application and acknowledge my understanding that any intentional or negligent misrepresentation of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001, and liability for monetary damages to the Lender, its agents, successors and assigns, insurers and any other person who may suffer any loss due to reliance upon any misrepresentation which I have made on this application.

AUTHORIZATION TO RELEASE INFORMATION: I have applied for a loan or grant from Rural Housing Services (RHS), United States Department of Agriculture. As part of the process, RHS may verify information contained in my request for assistance and in other documents required in connection with the request. I authorize you to provide to RHS without further notice or authorization, the following applicable information: **Past and present employment or income records. *Past and present landlord references. **Bank account, stock holdings, and any other asset balances. *Other consumer credit references.

I authorize the release of information from my application file to my real estate agent, contractor or organization. If the request is for a new loan or grant, I further authorize RHS to order a consumer credit report and verify other credit information.

I understand that under the Right to financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., RHS is authorized to access my financial records held by financial institutions in connection with the consideration or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to RHS without further notice or authorization, but will not be disclosed or released by RHS to another Government agency or department or used for another purpose without my consent except as required or permitted by law.

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with the equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may discriminate neither on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

BORROWER <input type="checkbox"/> I do not wish to furnish this information				CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information.			
Ethnicity: <input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Not Hispanic or Latino		Ethnicity: <input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Not Hispanic or Latino	
Race <input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American		Race <input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	
<input type="checkbox"/> White		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> White		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male				Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male			

The information RHS obtains is only to be used in the processing of my request for assistance. Your prompt reply is appreciated.

APPLICANT'S SIGNATURE	DATE	APPLICANT'S SIGNATURE	DATE
-----------------------	------	-----------------------	------

Would you like your prequalification response: Mailed to your present address Faxed to: _____ Emailed to: _____