

## USDA, RURAL DEVELOPMENT PREQUALIFICATION WORKSHEET

**Please fill in all boxes as completely as possible.**

County where you wish to purchase a home: \_\_\_\_\_

|  |                                 |                                       |                                      |
|--|---------------------------------|---------------------------------------|--------------------------------------|
| <b>Applicant Name:</b>                           | Applicant's Social Security No. | Applicant Phone Numbers               |                                      |
|  |                                 | Work:                                 |                                      |
|  |                                 | Home:                                 |                                      |
|  |                                 | Cell:                                 |                                      |
| Circle One:      Unmarried                       | Married                         | Separated                             |                                      |
| Applicant Mailing Address:                       | Applicant Physical Address:     | Previous Address:                     |                                      |
| Applicant's Employer:                            | Employer's Address:             | Employer's Phone Number:              |                                      |
| Applicant's Birthdate:                      Age: | Applicant's Position Title:     | Applicant's Annual Gross Income<br>\$ | Term of Employment<br>Yrs.      Mos. |

|   |                              |  |                                      |
|---|------------------------------|--|--------------------------------------|
| <b>Co-Applicant Name:</b>                           | Social Security Number:      | Phone Numbers:                         |                                      |
|   |                              | Work:                                  |                                      |
|   |                              | Home:                                  |                                      |
|   |                              | Cell:                                  |                                      |
| Circle One:      Unmarried                          | Married                      | Separated                              |                                      |
| Co-Applicant Mailing Address:                       | Physical Address:            | Previous Address:                      |                                      |
| Co-Applicant Employer:                              | Employer Address:            | Employer Phone Number:                 |                                      |
| Co-Applicant's Birthdate:                      Age: | Co-Applicant Position Title: | Co-Applicant's Annual Gross Inc.<br>\$ | Term of Employment<br>Yrs.      Mos. |

|                              |                    |
|------------------------------|--------------------|
| <b>OTHER INCOME</b>          |                    |
| Child Support/Alimony: _____ | AFDC/TANF: _____   |
| Social Security, SSDI: _____ | Foster Care: _____ |
| Other: _____                 |                    |

|  |                              |
|--|------------------------------|
| List other Adults in Household and their Annual Income | List Children Names and Ages |
|--|------------------------------|

|                      |                             |
|----------------------|-----------------------------|
| Monthly Rent Payment | Monthly Child Care Payment: |
|----------------------|-----------------------------|

