

Self Help Housing Prequalification

Applicant Name: _____ Disabled	
Social Security Number: _____	Age: _____
Physical Address: _____	
Mailing Address: _____	
Email Address: _____	
Home Phone: _____	Work Phone: _____
Applicant Yearly Income: _____	Place of Employment: _____
Marital Status: Single _____ Married _____ Separated _____	
Co-Applicant Name: _____ Disabled	
Social Security Number: _____	Age: _____
Address: _____	
Email Address: _____	
Home Phone: _____	Work Phone: _____
Applicant Yearly Income: _____	Place of Employment: _____
Marital Status: Single _____ Married _____ Separated _____	
List Adults in Household: _____	
Children (Including Ages): _____	
Monthly Debt Payments (car payments, credit card payments, child support, private debt, etc): _____	
Are you willing to contribute time and labor toward construction? _____	
Monthly Child Care Payment: _____	Monthly Rent Payment: _____
Assets: _____	Child Support Income: _____
Bankruptcy: Yes _____ No _____ If yes: Discharge Date _____	
Annual income of all household members 18 years and older (not including applicants): _____	

I authorize Rural Development and Southeast Iowa Regional Planning Commission (SEIRPC) to order a credit report.

Applicant Signature: _____

Co-Applicant Signature: _____

Please mail to: SEIRPC, PO Box 397, Burlington, IA 52601
 If you have questions, call **Beth Hartman**,
 Family Coordinator at **319-753-5107 x 217** or E-mail at
bhartman@seirpc.com



This institution is an equal opportunity provider, and employer.

I/We are authorizing USDA, Rural Development to provide copies of my/our application, credit bureau report, and other supporting documents, to Southeast Iowa Regional Planning Commission for their required borrower file maintenance, and management of the Self Help Housing Program.

Printed Name

Printed Name

Signature

Signature

Date

Date

