



Homeownership Pre-Qualification Form

This is a pre-screening questionnaire, not a final application for homeownership.
 This form is to help determine if the Mutual Self-Help program might be right for your household.
This form can be mailed, dropped off or e-mailed to our office.



Applicant Name _____

Co-Applicant Name _____

Address _____ City _____ Zip Code _____

Phone # _____ Email Address (only if checked regularly) _____

1. Have you lived or worked in Lewis and Clark county for 1 year or more?

Yes ____ No ____

If no, how long have you lived or worked here? _____

2. Are ALL ADULT HOUSEHOLD MEMBERS U.S citizens or permanent residents?

Yes ____ No ____

3. Have you ever filed for bankruptcy?

Yes ____ No ____

If yes, date of discharge: _____

4. Including applicant(s), how many people currently live in your household and would be part of your Habitat household if accepted?

Number of adults: ____ Number of children: ____

Name	Relationship	Age

5. List ALL sources of monthly household income, including the income from all household members, regardless of age. List GROSS wages (before taxes and deductions). Sources include: Employment, SSI, Disability, Child Support, Kinship Care, Retirement, Workers Compensation, Unemployment, Etc.

Household Member Name	Name of Income Source	Hours worked per week	Pay per hour	Monthly Income

6. Beginning with current income sources, please list all income sources for the past two years and include the dates each source began (and ended if applicable).

Household Member Name	Name of Income Source	Month & Year Source Began & Ended

Office: 432 N. Last Chance Gulch, Ste. R, Helena, MT 59601
 Mailing: P.O. Box 459, Helena, MT 59624
 Phone: (406) 449-4663 ext. 102
 Email: sophiaw@helenahabitat.org
 Website: helenahabitat.org

See additional questions on back

7. Are you currently paying for childcare?
Yes ____ **No** ____
If yes, how much are you paying per week? _____
8. Do you have any elderly (62 +) or disabled household members?
Yes ____ **No** ____
If yes, how many? _____
9. How much are you currently paying each month for housing? _____
10. To your knowledge, do you have any major credit delinquencies (past due payments or bills in collections)?

Yes ____ **No** ____

If yes, please explain:

11. Have you pulled your free annual credit report this year?
Yes ____ **No** ____

If yes, would you be willing to bring in a copy for us to look at together?

If no, would you be willing to schedule an appointment to pull your credit report together?
12. Are you a Veteran?
Yes ____ **No** ____
13. Are you available on weekends and evenings?
Yes ____ **No** ____

Additional Information:

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By my signature, I affirm that the information on this form is true and correct. I understand that providing false information could cause me to be disqualified from the Mutual Self-Help program. I also understand that a response to this questionnaire will be sent within 3 days, but this does not constitute additional services from Helena Area Habitat for Humanity. **IF YOU DO NOT SIGN THIS FORM IT WILL RESULT IN IMMEDIATE DENIAL AS THE DOCUMENT WILL BE INVALID.**

Applicant Signature _____ **Date** ____ / ____ / ____

Co Applicant Signature _____ **Date** ____ / ____ / ____