



# 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. Are you currently paying for childcare?  
**Yes** \_\_\_\_ **No** \_\_\_\_  
*If yes, how much are you paying per week?* \_\_\_\_\_

7. Do you have any elderly (62 +) or disabled household members?  
**Yes** \_\_\_\_ **No** \_\_\_\_  
*If yes, how many?* \_\_\_\_\_

8. How much are you currently paying each month for housing? \_\_\_\_\_

Office: 432 N. Last Chance Gulch, Ste. R, Helena, MT 59601  
 Mailing: P.O. Box 459, Helena, MT 59624  
 Phone: (406) 449-4663 ext. 1009  
 Email: [sophiaw@helenahabitat.org](mailto:sophiaw@helenahabitat.org)  
 Website: [helenahabitat.org](http://helenahabitat.org)

9. List ALL monthly debt payments, including but not limited to: auto loans, personal loans, credit card bills, medical bills, student loans, etc.

Household Member Name	Type of Debt	Monthly Payment Amount	Balance Owed

10. To your knowledge, do you have any major credit delinquencies (past due payments or bills in collections)?

Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, please explain:*



Notice: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Consumer Financial Protection Bureau, 1700 G Street, NW, Washington, D.C. 20552.

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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Office: 432 N. Last Chance Gulch, Ste. R, Helena, MT 59601  
 Mailing: P.O. Box 459, Helena, MT 59624  
 Phone: (406) 449-4663 ext. 1009  
 Email: [sophiaw@helenahabitat.org](mailto:sophiaw@helenahabitat.org)  
 Website: [helenahabitat.org](http://helenahabitat.org)