

**MUTUAL SELF-HELP
PRE-APPLICATION
QUALIFICATION FORM**

Date Received: _____

Primary Applicant Information

Name _____

Social Security Number _____

Cell Phone Number _____ Home _____ Work _____

Email Address _____

Date of Birth _____

Mailing Address _____

Physical Address _____

How long have you lived at your Current Address? _____ Rent Amount _____

Primary Applicant Employment Information

Employer 1

Employer _____ Position _____

Term of Employment _____ Years _____ Months

Monthly Income _____

Annual Gross Income _____

Is this Position Seasonal? If so, what dates are you employed? _____

Employer 2

Employer _____ Position _____

Term of Employment _____ Years _____ Months

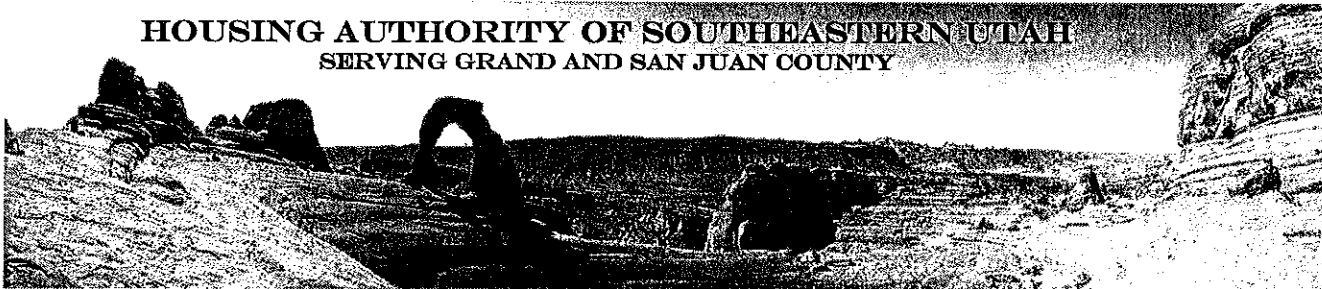
Monthly Income _____

Annual Gross Income _____

Is this Position Seasonal? If so, what dates are you employed? _____

Please return to:
Housing Authority of Southeastern Utah
321 E. Center St. Moab, UT 84532
mmiller@haushomes.org
Phone: (435) 259-5891
Fax: (435) 259-4938





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Date Received: _____

Employer 3

Employer _____ Position _____

Term of Employment _____ Years _____ Months

Monthly Income _____

Annual Gross Income _____

Is this Position Seasonal? If so, what dates are you employed? _____

Self Employment

Business Name _____

Most recent two (2) year's Annual Gross Income:

Applicant #2 Information

Name _____

Social Security Number _____

Cell Phone Number _____ Home _____ Work _____

Email Address _____

Date of Birth _____

Mailing Address _____

Physical Address _____

How long have you lived at your Current Address _____ Rent Amount _____

Applicant #2 Employment Information

Employer 1

Employer _____ Position _____

Term of Employment _____ Years _____ Months

Monthly Income _____

Annual Gross Income _____

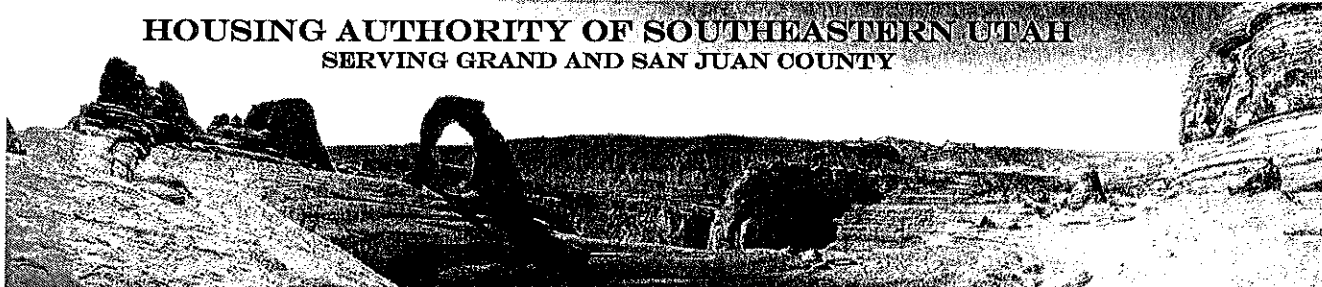
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EQUAL HOUSING
OPPORTUNITY



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Is this Position Seasonal? If so, what dates are you employed? _____

Employer 2

Employer _____ Position _____

Term of Employment _____ Years _____ Months

Monthly Income _____

Annual Gross Income _____

Is this Position Seasonal? If so, what dates are you employed? _____

Employer 3

Employer _____ Position _____

Term of Employment _____ Years _____ Months

Monthly Income _____

Annual Gross Income _____

Is this Position Seasonal? If so, what dates are you employed? _____

Self Employment

Business Name _____

Most recent two (2) year's Annual Gross Income:

Other Income

	Amount Per Year	Applicant/Co-Applicant
Social Security, SSDI		
Unemployment		
Child Support/Alimony		
Retirement/Pension		
Other		

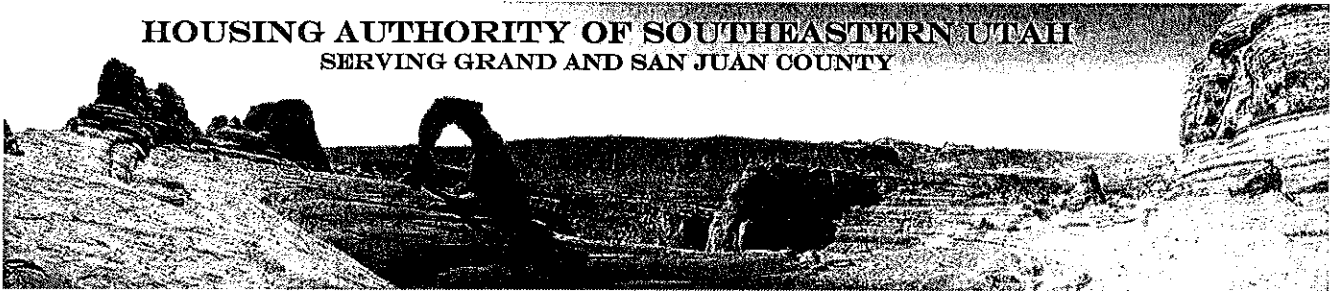
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**MUTUAL SELF-HELP
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Date Received: _____

Monthly Debts

Debt Owed To	Minimum Monthly Payment	Balance

Please list other adults living in household and their gross annual income(s)

Please list any children living in household and their respective ages

Are you applying for other home loans? If so, what other programs are you applying for?

By signing below, I acknowledge that all information provided on this form is accurate and complete to the best of my knowledge.

Applicant Signature

Date

Co-Applicant Signature

Date

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