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 (Red Lodge Area Community Foundation).

Applicant Name _______________________________________________________________________________________________
Co-Applicant Name _______________________________________________________________________________________________
Address (P.O. Box and Physical) ___________________________________________________ City _____________________ Zip Code ________________
Phone Number __________________________ Email Address __________________________________

1. How did you hear about this program? __________________________________

2. Do you live and work in Carbon County?
   Yes ____ No ____
   If no, have you accepted a position to work in Carbon County? _________

3. Are ALL ADULT HOUSEHOLD MEMBERS U.S citizens or permanent residents?
   Yes ____ No ____

4. Have you ever filed for bankruptcy?
   Yes ____ No ____
   If yes, date of discharge: __________

5. Including applicant(s), how many people currently live in your household and
   would be part of your household you were accepted into the program?
   Number of adults: ____ Number of children: ____
   Please list all household members:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Age</th>
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6. 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, SSDI/Disability, Child Support,
   Kinship Care, Retirement, Workers Compensation, Unemployment, Etc.

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Name of Income Source</th>
<th>Hours worked per week</th>
<th>Pay per hour</th>
<th>Monthly Income</th>
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7. Are you currently paying for childcare?
   Yes ____ No ____
   If yes, how much are you paying per month? ______________________

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. Are you a veteran? ____________________________

Office: 122 Hauser Ave. South, Red Lodge, MT 59068
Mailing: P.O. Box 1871, Red Lodge, MT 59068
Phone: (406) 426 - 1983
Email: robin@rlacf.org
Website: rlacf.org/housing/
11. List ALL monthly debt payments, including but not limited to utility payments, auto loans, personal loans, credit card bills, medical bills, student loans, etc.

<table>
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<tr>
<th>Household Member Name</th>
<th>Type of Debt</th>
<th>Monthly Payment Amount</th>
<th>Balance Owed</th>
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12. To your knowledge, do you have any major credit delinquencies (past due payments or bills in collections)?
   Yes ____ No _____ If yes, please explain:

13. What is your credit score? ________________
   Are you using a credit app, such as Credit Karma or Mint? Yes ____ No _____
   Which app? ____________________

14. Race: (Mark one or more)
   White ____ Black or African American ____ Asian ____
   American Indian/Alaska Native ____
   Native Hawaiian or Other Pacific Islander ____

15. Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino _____

16. Gender: Female _______ Male _______

Notice: This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. To file a Civil Rights program complaint of discrimination, complete the USDA Program discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410

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. I understand that in no way am I being offered counseling services by submitting this form. 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 _____ / _____ / _____

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