



Housing America Corporation

Mutual Self Help Program Pre-Application

Corporate Office
 P.O. Box 600
 130 N. State Avenue
 Somerton, AZ 85350
 (928) 627-4221 Fax (928) 627-4213

Part I

Applicant				Co-Applicant			
Name:		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Name:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Social Security Number: - -	Home Phone: ()	Date of Birth: / /	Yrs. School:	Social Security Number: - -	Home Phone: ()	Date of Birth: / /	Yrs. School:
<input type="checkbox"/> Married <input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (Incl. single, divorce, widowed)	Dependents (Not listed by Applicant #2) No.		<input type="checkbox"/> Married <input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (Incl. Single, divorce, widowed)	Dependents (Not listed by Applicant #1) No.	
Present Address: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other No. Yrs. _____				Present Address: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other No. Yrs. _____			
Street:				Street:			
City		State	Zip	City		State	Zip
Mailing Address if different from Present Address				Mailing Address if different from Present Address			
Street/P.O. Box:				Street/P.O. Box:			
City		State	Zip	City		State	Zip
Current Employer:				Current Employer:			
Address:				Address:			
City		State	Zip	City		State	Zip
Phone Number (Incl. Area Code): ()				Phone Number (Incl. Area Code): ()			
Position/Title:				Position/Title:			
Hourly Wage: \$	Hours Per Week:	Monthly Income: \$	Gross Annual Income: \$	Hourly Wage: \$	Hours Per Week:	Monthly Income: \$	Gross Annual Income: \$
Are you a U.S. Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you a U.S. Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish				Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish			
How did you hear about the Mutual Self-Help Program?				<input type="checkbox"/> TV <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Flyers <input type="checkbox"/> Friend <input type="checkbox"/> Other			



Part II

Household Members in addition to Applicant and Co-Applicant who will occupy the house.			
Name	Date of Birth	Social Security Number	Relationship to Applicant

Asset Information for ALL family members. List all savings and checking accounts. Include IRAs and other pensions, stocks, bonds and real estate and other Investments. Include assets disposed of within past two years.

Name	Bank/Credit Union, etc. Name	Bank/Credit Union etc. address	Account Number	Type of Account	Current Balance
					\$
					\$
					\$

Debt Information

Name	Company Name	Account Number	Balances	Monthly Payment

Do you have any collection accounts at the moment? Yes No First time home buyer? Yes No
 Have you filed Bankruptcy in the last 3 years? Yes No Have you owned a house in the last 3 years? Yes No

To the best of my knowledge and belief, all information is accurate and complete. I understand that providing false statements or false information will make me ineligible for program assistance and is also punishable under federal and state law. By signing below I am authorizing Housing America Corp. to verify all information above if necessary.

Applicant Signature X	Date	Co-Applicant signature X	Date
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Thank you for allowing Housing America Corporation to serve you!