SIX COUNTY ASSOCIATION OF GOVERNMENTS
Mutual Self Help Program

Applicant Name:	
Social Security Number:	DOB: Age:
Physical Address: STREET CITY	# of months lived there:_____
Mailing Address: CITY ZIP	PO Box
Home Phone:	Work Phone:
Gross Yearly Income: $	Place of Employment:
Marital Status: Single _____ Married _____	

Co-Applicant Name:	
Social Security Number:	DOB: Age:
Physical Address: STREET CITY	# of months lived there:_____
Mailing Address: CITY ZIP	PO Box
Home Phone:	Work Phone:
Co-Applicant Yearly Income: $	Place of Employment:
Marital Status: Single _____ Married _____	

List Adults in Household:	
List # of children: _____ **Ages:**	
Monthly Vehicle Payments: $	**Monthly Credit Card Payments: $**
Monthly Childcare Payments: $	**Monthly Rent Payment: $**
Other Debts (please list):	
List Assets:	
Has Applicant or Co-Applicant ever filed for Bankruptcy? Yes _____ No _____ If yes, what year _____	

**Applicant and Co-Applicant understand that this is a pre-qualification form only. Complete eligibility will be determined by USDA Rural Development after completing a Uniform Residential Loan Application. The undersigned hereby expressly authorizes Six County Association of Governments to release the information on this form to USDA Rural Development for the purpose of pre-qualifying for the Self Help Program.*

I certify that the information that I have provided is true to the best of my knowledge. I understand that giving false or misleading information may be grounds for termination of my participation.

I authorize Six County Association of Governments to order a credit report.

_____ _____

Applicant Signature Date

_____ _____

Co-Applicant Signature Date