**WE HELP COMMUNITY DEVELOPMENT CORPORATION**
*349 se 3RD Street*
*Belle Glade, FL 33430*
*Business: (561) 993-0085*
*Fax: (561) 993-2214*

# LOAN PRE-QUALIFICATION APPLICATION

## 1 BORROWER

NAME_____ DOB_____ SS#_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____ YEARS AT THIS ADDRESS_____

IF LESS THAN 2 YEARS – PREVIOUS ADDRESS_____

CITY_____ STATE_____ ZIP_____

TELEPHONE – HOME #_____ WORK #_____ CELL #_____

# OF PEOPLE LIVING IN YOUR HOUSE_____

HOW MUCH IS YOUR CURRENT MONTHLY RENT $_____

○ SINGLE ○ MARRIED (If married, please provide spouse's info)

SPOUSE NAME_____ DOB_____ SS#_____

## 2 EMPLOYER_____ Years on this job_____

GROSS MONTHLY INCOME $_____

SPOUSE'S EMPLOYER_____ Years on this job_____

GROSS MONTHLY INCOME $_____

## 3 OTHER HOUSEHOLD INCOME:

| | | |
|---|---|---|
| CHILD SUPPORT (COURT ORDERED): | $_____ | PER MONTH |
| SOCIAL SECURITY INCOME | $_____ | PER MONTH |
| DISABILITY INCOME | $_____ | PER MONTH |
| OTHER INCOME | $_____ | PER MONTH |

## 4 HAVE YOU OWNED A HOME IN THE LAST THREE YEARS? ○ Yes ○ No

## 5 CONSENT FOR CREDIT INFORMATION:

I/We hereby consent to have We Help CDC, or its assigns, subcontractors and third-party processors, to obtain any and all information regarding my/our employment, checking and/or savings accounts, credit obligations, and all other credit matters which they may require in connection with my/our application for a loan. I understand that this is not an application for a mortgage loan, but a determination of mortgage capacity.

_____ X_____ x_____

DATE BORROWER'S SIGNATURE SPOUSE SIGNATURE