

HOMEOWNERSHIP Pre-Qualification Form Nesmith Street, Lowell
This is a pre-screening questionnaire, not a final application for homeownership.



This form **MUST** be mailed, dropped off or faxed to the office by _____

Applicant Name: _____

 PRINT (first, middle initial, last)

Co-Applicant Name: _____

 PRINT (first, middle initial, last)

Mailing Address _____ City _____ State _____ Zip _____

Email Address: _____

Cell Phone # _____ Home phone #: _____

1. Do you fall with in the income range listed on cover sheet?
 Yes _____ No _____

2. Do you live or work in one of HFHGL affiliate towns listed on the reverse of this form?
 Yes _____ No _____

3. Have you had steady income for at least 6 months?
 Yes _____ No _____

4. Have you ever owned a home (now or in the past)?
 Yes _____ No _____ (If yes, how long ago: _____)

5. If approved, how many people would be living in the home?
 # of people: _____

6. **Including yourself**, please provide the names, sex & date of birth for all who will be living in the home.

NAME	AGE	SEX
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Have you ever previously applied for a Habitat home?
 Yes _____ No _____ (If Yes, when: _____)

8. Are you a US Citizen? Yes _____ No _____
 If no, please note your immigration status:
 Permanent Resident _____ Other _____

9. Have you filed bankruptcy or been through a foreclosure within the last 5 years ?
 Yes _____ No _____ (If yes, when: _____)

10. If you are accepted into the program, HFHGL requires you to work between 225-450 of sweat equity hours. In addition, you will be required to take homebuyer financial education classes.

Are you willing to make these commitments?
 Yes _____ No _____

11. List **ALL** sources of **monthly** household income, including any from members 18 years & older, who will be residing in the home.

List GROSS wages (before taxes & deductions)

Name:	Total Income per month (\$)
_____	_____
_____	_____
_____	_____

12. Please list your **current expenses**:

Rent: \$ _____ Utilities: \$ _____

Car \$ _____ Other: (specify): _____

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 Habitat for Humanity of Greater Lowell program. I also understand that I will learn the results from this questionnaire within 30 days, but this does not constitute additional services from Habitat for Humanity of Greater Lowell. **IF YOU DO NOT SIGN THIS FORM IT WILL RESULT IN IMMEDIATE DENIAL AS THE DOCUMENT WILL BE INVALID.**

Date ____/____/____ Applicant Signature: _____
 Date ____/____/____ Co-Applicant Signature: _____

Habitat for Humanity of Greater Lowell affiliate cities and towns:

- Bedford
- Billerica
- Burlington
- Carlisle
- Chelmsford
- Concord
- Dracut
- Dunstable
- Lowell
- Reading
- Tewksbury
- Tyngsboro
- Wakefield
- Westford
- Wilmington