

NORTHEAST SOUTH DAKOTA COMMUNITY ACTION PROGRAM

414 Third Avenue, East
Sisseton, South Dakota 57262-1551
Phone: (605) 698-7654 ~ Fax: (605) 698-3038

PRE-QUALIFICATION WORKSHEET

Thank you in advance for your interest in the NESDCAP Housing Program. This packet contains the necessary forms to be completed for a Housing pre-qualification determination only.

The packet contains:

- the Pre-qualification Interview Worksheet, (each adult household member will need to sign this worksheet).
- Authorization to Release Information for each adult member of the household (each adult household member will need to sign a separate authorization to release).
 - RD3550-1
 - NESDCAP
- Credit Report Authorization Form (will need to have all adult household members information).

Upon reviewing your paperwork by the NESDCAP Office, we will notify you of the pre-qualification findings. Regardless of the findings, you always have the opportunity to file a complete application.

THIS IS NOT AN APPLICATION, ONLY A PRE-QUALIFICATION WORKSHEET

If you have any questions, or need further information
please contact the NESDCAP office at the above address.

PREQUAL INTERVIEW

APPLICANT:

NAME: _____
SS NO: _____ AGE: _____
ADDRESS: _____
TELEPHONE: _____
EMPLOYER: _____
ADDRESS: _____
TELEPHONE: _____
START DATE: _____

WAGE INCOME:

_____ hrs/week x _____ per hr
MONTHLY INCOME: _____

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race national origin of individual applicants on the basis of visual observation or surname.

_____ I do not wish to furnish this information

RACE:

___ American Indian/Alaska Native
___ Black or African American
___ Asian
___ Native Hawaiian or other Pacific Islander
___ White

ETHNICITY:

___ Hispanic or Latino
___ Non Hispanic or Latino

MARITAL STATUS:

___ Married
___ Unmarried
___ Separated

SEX:

___ Male ___ Female

CO-APPLICANT:

NAME: _____
SS NO: _____ AGE: _____
ADDRESS: _____
TELEPHONE: _____
EMPLOYER: _____
ADDRESS: _____
TELEPHONE: _____
START DATE: _____

WAGE INCOME:

_____ hrs/week x _____ per hr
MONTHLY INCOME: _____

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ETHNICITY:

___ Hispanic or Latino
___ Non Hispanic or Latino

MARITAL STATUS:

___ Married
___ Unmarried
___ Separated

SEX:

___ Male ___ Female

NON-WAGE HOUSEHOLD INCOME (per month):

Social Security _____
Tips _____
Food Stamps _____
Child Support _____
AFDC/TANF _____

SSI _____
Fuel Assistance _____
Alimony _____
State Public Assistance _____
Other _____

ASSETS:

Checking Accounts:

Bank: _____ Balance: _____
Bank: _____ Balance: _____

Savings Accounts:

Bank: _____ Balance: _____
Bank: _____ Balance: _____

Stocks/Bonds/CD's:

Name: _____ Balance: _____
Name: _____ Balance: _____

DEBTS (per month):

Non-RHS House Payment: Monthly Payment _____ Balance: _____
Car/Truck Payment: Monthly Payment _____ Balance: _____
Car/Truck Payment: Monthly Payment _____ Balance: _____
Credit Cards: Monthly Payment _____ Balance: _____
Credit Cards: Monthly Payment _____ Balance: _____
Credit Cards: Monthly Payment _____ Balance: _____
Child Support: Monthly Payment _____ Balance: _____
Other Debts: Monthly Payment _____ Balance: _____
Other Debts: Monthly Payment _____ Balance: _____

CHILD CARE:

Provider: _____ Monthly cost: _____

HOUSEHOLD MEMBERS:

Other Adult: _____ Age: _____ Income: _____
Other Adult: _____ Age: _____ Income: _____
Other Adult: _____ Age: _____ Income: _____
Children: _____ Age: _____ Full Time Student? _____
Children: _____ Age: _____ Full Time Student? _____
Children: _____ Age: _____ Full Time Student? _____
Children: _____ Age: _____ Full Time Student? _____

CREDIT INFORMATION:

Have you ever obtained a loan/grant from RHS? Yes No
Have you had any judgements/bankruptcy/foreclosures
in past three years? Yes No
Have you had any payments 30 days or more past due
in the past 12 months? Yes No

REAL ESTATE OWNED:

Do you currently rent a house/apartment? Yes No
Do you currently own a home? Yes No
If yes: Type of property _____
Present market value _____
Amount of mortgage or lien _____
Amount of mortgage payment _____
Amount of insurance, maintenance, taxes (annual) _____

PURPOSE OF LOAN:

Purchase _____ New Construction _____ Governor's House _____ Repair _____
County in which property will be located: _____
Estimated cost: _____
If repair please provide a brief description: _____

CONTINUATION FOR PREQUAL:

Use if you need more space to complete any of the above items

Please indicate the time and telephone number where you can be contacted to discuss our findings.

Day of Week: _____ Time: _____ Telephone No: _____

I understand that this is a pre-qualification worksheet and NOT an application for a loan/grant from Rural Development. This form must be accompanied by RD Form 3550-1, "Authorization to Release Information" for each adult household member.

APPLICANT: _____ DATE: _____
CO-APPLICANT: _____ DATE: _____
INTERVIEWER: _____ DATE: _____

In an attempt to identify the most effective methods of informing the public of our programs, please let us know how you heard about our programs.

From another individual	Yes	No
From another organization	Yes	No
Name of organization _____		
Through advertising (newspapers, flyers in stores, etc)	Yes	No
Name of newspaper or store _____		
Other _____		

"USDA is an equal opportunity provider, employer and lender."
To file a complaint of discrimination write USDA, Director, Office of Civil Rights,
1400 Independence Avenue, S.W., Washington, DC 20250-9410
or call (800)795-3272 (voice) or (202)720-6382(TDD)

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