

# NORTHEAST SOUTH DAKOTA COMMUNITY ACTION PROGRAM

104 Ash Street East, Sisseton, South Dakota 57262- 1908  
Phone: (605) 698- 7654 Fax: (605) 698- 3038

## PRE-QUALIFICATION WORKSHEET

Thank you in advance for your interest in NESDCAP's Housing Programs. 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 :
  - ❖ each adult household member will need to sign a separate authorization to release.
  - ❖ RD3550-1
  - ❖ NESDCAP/NESDEC
- Credit Report Authorization Form (will need to have all adult household members' information).
- NESDCAP/NESDEC Privacy Policy
- NESDCAP/NESDEC Conflict of Interest Disclosure Form

Upon reviewing your paperwork by the NESDCAP Office, we will notify you of the pre-qualification findings. Regardless of the findings, you always have 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.



**CHARTERED MEMBER**

*NESDCAP/NESDEC and USDA are equal opportunity providers, employers and lenders. 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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APPLICANT:

NAME: \_\_\_\_\_

SS NO: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

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EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

START DATE: \_\_\_\_\_

WAGE INCOME:  
\_\_\_\_\_ hours per week  
\$ \_\_\_\_\_ per hour  
Monthly Income: \$ \_\_\_\_\_

Employed at: \_\_\_\_\_

NON- WAGE HOUSEHOLD INCOME (per month):

Social Security \_\_\_\_\_

Tips \_\_\_\_\_

Food Stamps \_\_\_\_\_

Child Support \_\_\_\_\_

AFBD/ TANF \_\_\_\_\_

CO-APPLICANT:

NAME: \_\_\_\_\_

SS NO: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

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EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

START DATE: \_\_\_\_\_

WAGE INCOME:  
\_\_\_\_\_ hours per week  
\$ \_\_\_\_\_ per hour  
Monthly Income: \$ \_\_\_\_\_

Employed at: \_\_\_\_\_

SSI \_\_\_\_\_

Fuel Assistance \_\_\_\_\_

Alimony \_\_\_\_\_

State Public Assistance \_\_\_\_\_

Other \_\_\_\_\_

APPLICANT:



ASSETS:

Checking Accounts:

Bank: \_\_\_\_\_ Balance: \_\_\_\_\_

Bank: \_\_\_\_\_ Balance: \_\_\_\_\_

Savings Accounts:

Bank: \_\_\_\_\_ Balance: \_\_\_\_\_

Bank: \_\_\_\_\_ Balance: \_\_\_\_\_

Stocks/ Bonds/ CD's:

Bank: \_\_\_\_\_ Balance: \_\_\_\_\_

Bank: \_\_\_\_\_ Balance: \_\_\_\_\_

DEBTS (per month):

Current 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: \_\_\_\_\_

CHILD CARE:

Provider: \_\_\_\_\_ Monthly cost: \_\_\_\_\_

HOUSEHOLD MEMBERS:

Other Adult: \_\_\_\_\_ Age: \_\_\_\_\_ Income: \_\_\_\_\_

Other Adult: \_\_\_\_\_ Age: \_\_\_\_\_ Income: \_\_\_\_\_

Other Adult: \_\_\_\_\_ Age: \_\_\_\_\_ Income: \_\_\_\_\_

Children: \_\_\_\_\_ Age: \_\_\_\_\_ Full Time Student/Grade \_\_\_\_\_

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Children: \_\_\_\_\_ Age: \_\_\_\_\_ Full Time Student/Grade \_\_\_\_\_

CREDIT INFORMATION:

Have you ever obtained a loan/ grant from USDA RD? Yes No

Have you had any judgments/bankruptcy/foreclosures  
In the 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 NESDCAP/NESDEC or Rural Development. This form must be accompanied by "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, ect.) Yes No

Name of newspaper or store \_\_\_\_\_

Other \_\_\_\_\_

*In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, National origin, sex, age, or disability. (Not all prohibited basis apply to all programs.)*

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