



**WE HELP COMMUNITY DEVELOPMENT CORPORATION**

349 se 3<sup>RD</sup> 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.

\_\_\_\_\_  
DATE

X \_\_\_\_\_  
BORROWER'S SIGNATURE

x \_\_\_\_\_  
SPOUSE SIGNATURE