Date Received in RDO	

SOUTH DAKOTA PACKAGERS PREQUALIFICATION WORKSHEET

Revision 05-01-12

APPLICANT:		CO-APPLICANT:			
First/Middle Name:		First/Middle Name:			
Last Name:		Last Name:			
Date of Birth:		Date of Birth:			
Social Security No.	,	Social Security No.			
Sex: Male	☐ Female	Sex:	Male	Fe	male
US Citizen Perman	nent Resident Alien	US Citizen	Perm	nanent Resider	nt Alien
Marital Status:		Marital Status:			
Address:		Address:			
Phone #:		Phone #:			
Employer Name:		Employer Name:			
Address:		Address:			
Phone #:		Phone #:			
Start Date:		Start Date:			
WAGE INCOME:		WAGE INCOME:			
Gross Monthly Inc	come		Gross Monthly	/ Income	
hrs/week x	per hour		hrs/week x	pe	r hour
OT/Bonus/Commi	ission/Tips		OT/Bonus/Cor		
			•		
NON-WAGE INCOME (per month):		NON-WAGE INCOME (pe	r month):		
Business Net Income (2yr avg)		Business Net Income	(2yr avg)		
Rental Income		Rental Income	•		
Social Security		Social Security			
SSI		SSI			
Child Support Rec'd/Alimony		Child Support Rec'd/A	Alimony		
Unemployment/Other		Unemployment/Othe	er		
AFDC/TANF		AFDC/TANF			
Food Stamps (SNAP)		Food Stamps (SNAP)			
Fuel Assistance		Fuel Assistance			
Day Care Assistance		Day Care Assistance			
Foster Care	ACCUPATION OF THE PROPERTY OF	Foster Care			
Other		Other			
CREDIT INFORMATION:					
Have you ever obtained a loan/grant from	ı RHS?			☐ Yes	□ No
Have you had any judgements/bankruptcy		hree vears?		Yes	□ No
Have you had any payments 30 days or me				Yes	□ No
Have you been delinquent on a Federal De				Yes	□ No
Have you previously owned a home?	w~v•			Yes	□ No
• • •					

Statut and			T		l e.	ıll Time Student?
Child's Name:		Date of Birth:			- Ft	in time student!
			1			MANUAL CO
ASSETS:	1 - C					
Type of Account		Bank/Name		Acco	unt#	Balance
Checking Account						
Checking Account						
Savings Account						
Savings Account			······································			
Stocks/Bonds/CD's/Other						
Stocks/Bonds/CD's/Other		. <u> </u>	:			
Retirement Account						<u> </u>
Retirement Account						
				l		<u> </u>
DEBTS (per month):						
Creditor Name		Account / Cas	e#	Monthly	Payment	Balance
		200 (1 × 10 x) * 40 × 10 × 10 × 10 × 10 × 10 × 10 × 10 ×	<u> </u>			
						,
(if applicable) Child Support Paid To O	thers					
Qualifying Medical Expenses:	(For olderly	households only. The ap	nlicant/co.an	nlicant need	to he over	the age of 62)
DAY CARE:	(For elderly	nouseholus only. The ap	рисанс/со-ар	piicant need.	s to be over	the age of oz.,
Provider Name		Provider Addı	229			Monthly Cost
rionide manie		THO NUCE Add	<u> </u>	<u> </u>		<u> Augustin (1999) (1995) (1997</u>

Date of Birth

Gross Monthly Income

Social Security No.

HOUSEHOLD MEMBERS:

Other Adult Name

REAL ESTATE	OWNED:		
Do you cur	rently rent a house/apartment	Yes No	
If yes:	Landlord Name:		
	Address:		
	How long have you been ren	ng? yrs/mths Monthly Rent:	
Do you cur If yes:	rently own a home?	∐ Yes ∐ No	
ii yes:	Type of property: Present Market Value:	Property Taxes:	
	Amount of Mortgage:	Insurance:	
		Other:	
	Mortgage Pymt:	- Other.	
PURPOSE OF	LOAN:		
	Purchase New (onstruction Governor's House	Repairs
County in wh	ich property will be located:		
	ase provide a brief description:		
	ON FOR PREQUAL:		
Use if you ne	ed more space to complete any	of the items contained in this prequal interview worksheet.	
	This form must be ac	fication worksheet and NOT an application for a loan/grant from F companied by RD Form 3550-1, "Authorization to Release Informa	tion".
Applicant			
Co-Applic			
Interview	er:		
Non-Profi	it:	Date:	
	Note: Each adult 18 or older	must sign and return one Form 3550-1, "Authorization to Release	Information".
		For Official Use Only	
Deductions:		County Maximum Adjusted Income	
Total Gross	s Income	<u></u>	
Children x		County	
Daycare Ex	·	Very Lo	W
Elderly/Dis		Low	
Medical Ex		Infile Credit Report Printed/Filed	
Total Dedu	ictions	Eligibility Summary Printed/Filed	
AAI		Pre-Qualification Review Letter Se	-nt
Additional Com	aments:	Use payment assistance worksheet for pre-qualifica	
aditional COII	micito.	. Ose payment assistance worksheet for p. e quanto	
	Signature	Date	