



Pre-Application Form
Mutual Self-Help Housing
Hinton Center, PO Box 27, Hayesville, NC 28904



Personal Information:

First Name	Last Name	Middle Initial	Current Date
_____	_____	_____	_____
Soc. Security #	Birth Date		
_____	_____		
Co-applicant First Name	Last Name	Middle Initial	Soc. Security #
_____	_____	_____	_____
Birth Date			

Address:	City	State	Zip
_____	_____	_____	_____
Home Phone	Work Phone	Cell Phone	
_____	_____	_____	
Marital Status:	Married	Legally Separated	Divorced
_____	_____	_____	_____
	Widowed	Single	
	_____	_____	
Race: <i>(You are not required to answer this question)</i>			

Income Taxes: Have you filed income taxes for the last two years? Yes ___ No ___			

Dependents:

Name/Age _____	Name/Age _____
Name/Age _____	Name/Age _____
Name/Age _____	Name/Age _____

Employment:

Applicant's Employer:	Address
_____	_____
How long at this job?	Phone #
_____	_____
Pay rate	

Co-Applicant's Employer:	Address
_____	_____
How long at this job?	Phone #
_____	_____
Pay rate	

Other Income:

Do you receive the following:

Child Support?	Amount \$	_____
Food Stamps?	Amount \$	_____
Disability?	Amount \$	_____
Social Security?	Amount \$	_____
Other?	Amount \$	_____

If you need assistance with this form, please call (828) 389-8336 or Toll Free: 866-389-8336.