



**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 _____

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

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Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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Marital Status: Married \_\_\_\_\_ Legally Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_

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Race: (You are not required to answer this question) \_\_\_\_\_

Where did you hear about our Housing program? \_\_\_\_\_

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

**Household Members:**

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

**Employment:**

Applicant's Employer: \_\_\_\_\_ Address \_\_\_\_\_

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How long at this job? \_\_\_\_\_ Phone # \_\_\_\_\_ Pay rate \_\_\_\_\_

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Co-Applicant's Employer: \_\_\_\_\_ Address \_\_\_\_\_

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How long at this job? \_\_\_\_\_ Phone # \_\_\_\_\_ Pay rate \_\_\_\_\_

**Other Income:**

*Do you receive the following:*

Child Support? \_\_\_\_\_ Amount \$ \_\_\_\_\_

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Food Stamps? \_\_\_\_\_ Amount \$ \_\_\_\_\_

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Disability? \_\_\_\_\_ Amount \$ \_\_\_\_\_

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Social Security? \_\_\_\_\_ Amount \$ \_\_\_\_\_

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Other? \_\_\_\_\_ Amount \$ \_\_\_\_\_

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