



Main South Community
 Development Corporation
 875 Main Street.
 Worcester, MA 01610
 Phone: (508)752-6181
 Fax: (508) 797-4514
 web: www.mainsouthcdc.org

**\$25.00 Fee will
 be charged for all
 Credit Reports**

Pre-Qualification Intake Form

(Please Return Completed Intake Form to Main South CDC with Credit processing fee of \$25.00)

Date: _____

Applicants Name: _____

Address: _____

Home # _____ Work # _____ Cell # _____

Email: _____ Primary Language: _____

Family Size: Adults: _____ Children: _____

How did you hear about this program? _____

Total Household Annual Income

(Include all sources from **all** household members over 18):

Do you receive SSI, Disability, Child Support, etc? Yes No

If yes, please list type and amount: _____

Head of Household: _____ **Annual Income:** \$ _____

Source of Income(s): _____

Spouse: _____ **Annual Income:** \$ _____

Source of Income(s): _____

Other: _____ **Annual Income:** \$ _____

Source of Income(s): _____

Household Monthly Debt: \$ _____ **Total Household Income:** \$ _____

(Note: Monthly Debt does not include rent, utilities, etc. Only car payments, credit card, etc.)

Number of Bedrooms Desired? 1 2 3 Other _____

Have you owned a home in the past 3 Years? Yes No

Have you completed the 5 week First Time Home Buyer Workshop? Yes No

If yes, when and where? _____

For Office Use Only:

Eligible: _____ Not Eligible: _____ Not Interested: _____

Comments: _____



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Credit Reporting Agreement Form

I _____, authorize any person or consumer reporting agency to give the Main South CDC information it may have about my previous and current credit activities.

Social Security Number (____ - ____ - _____).

 Address *(if less than 5 yrs list previous address)*

 Previous Address

 City, State, Zip Code

 City, State, Zip Code

Date of Birth/DOB-- mm/dd/yyyy

____/____/____

 Signature

 Date

Main South Community Development Corporation



Working to Rebuild our Community