



**Southwestern Regional Housing and
Community Development Corporation**
109 E. Pine St.
Deming, NM
Telephone 575-546-4181

Preliminary Application

DATE: _____

APPLICANT: _____
(First, Middle, Last Name)

CO-APPLICANT: _____
(First, Middle, Last Name)

SOCIAL SECURITY NO: _____ - _____ - _____

SOCIAL SECURITY NO: _____ - _____ - _____

AGE: _____ DATE OF BIRTH: _____

AGE: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

HOW LONG AT PRESENT ADDRESS: _____

Prior address if less than 2 years

PHONE CELL: () _____ - _____

PHONE CELL: () _____ - _____

WORK NO: () _____ - _____

WORK NO: () _____ - _____

INCOME SOURCE: _____

INCOME SOURCE: _____

PER HR \$ _____ HRS/WEEK: _____

PER HR \$ _____ HRS/WEEK: _____

INCOME SOURCE: _____
If current income is less than 2 years

INCOME SOURCE: _____
If current income is less than 2 years

MONTHLY FOODSTAMPS (\$): _____

Are you a U.S. Citizen? _____

Are you or anyone in your household Disabled? _____ DO YOU OWN PROPERTY? _____

NO. IN FAMILY: _____ CHILDREN (AGES): _____

ASSETS: _____

| Payable To | Monthly Payment Amount | Approximate Balance Owed |
|------------|------------------------|--------------------------|
| | | |
| | | |
| | | |
| | | |

I/WE HERBY AUTHORIZE SOUTHWESTERN REGIONAL HOUSING & CDC TO PROCESS A PRELIMINARY CREDIT CHECK:

First, Middle, Last Name

First, Middle, Last Name