

**Town of Payson Housing Program
Pre-Application Form/Financial Analysis for Program Qualification**

Applicant Name	Age	Address	Social Security Number
Co-Applicant Name	Age	Address	Social Security Number

Total Number of Dependents in the home: _____

Ages of Dependents: _____

I. Gross Monthly Income

- A. Base Pay
 - Head of Household: _____
 - Spouse: _____
 - Other: _____
- B. Social Security Benefits
 - Head of Household: _____
 - Spouse: _____
 - Other: _____
- C. Pensions/Annuities _____
- D. Interest Income _____
- E. Rental Income _____
- F. Other _____

Total Gross Monthly Income _____

Total Gross Annual Income _____

III. Liabilities/Monthly Payments

- A. Auto Loan(s) _____
- B. Personal/Other _____
- C. Insurance
 - Auto _____
 - Life _____
 - Medical _____
 - Other _____

D. Other (please list) _____

Total Monthly Liabilities _____

II. Monthly Housing Expenses

- A. Mortgage _____
- B. Mortgage Insurance _____
- C. Hazard Insurance _____
- D. Real Estate Taxes _____
- E. Heat & Utilities _____
- F. Other Expenses _____

Total Monthly Housing Expenses _____

Have you been helped by this program before? _____

IV. Property Owned

- A. Real Estate (Full Cash Value) _____
- B. Year/Model of Auto _____
- C. License of Auto _____
- D. Stocks/Bonds _____
- E. Securities _____
- F. Other _____

Total Property Owned _____

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

