# Pre-Application Loan Form

**Date Received:** ________

**Return To:**
HASMC  
21155 Lexwood Dr., Suite C.  
Lexington Park, MD. 20653  
Phone: 301-866-6590

## Type of Loan:
- [ ] Owner Occupied  
- [ ] Rental  
- [ ] SELP  
- [ ] STAR  
- [ ] HRLF  
- [ ] MHRP  
- [ ] OTHER

**Property Address:** __________________________________________  
**Year Built:** ____________________

**Applicant:** ____________________________  
**Birth Date:** ____/____/_____  
**SSN#:** ______-______-______

**Applicant’s Current Address:**_______________________________________  
**Telephone Number:** (____) _____-_______

**Co-Applicant:** ____________________________  
**Birth Date:** ____/____/_____  
**SSN#:** ______-______-______

**Address:** ______________________________________________  
**Telephone Number:** (____) _____-_______

**Years at current address:** ________  
**Years at current address:** ________

**Total Number of Persons in Household:** ___________  
**Total Elderly/Disabled:** ___________

## Total Gross Income of Household:
- **Annual:** $___________  
- **Monthly:** ______________

**Need For Loan:** ________________________________________________

**Amount of Loan Requested:** $______________  
**Estimates Attached:**   
- [ ] Yes  
- [ ] No

**Estimated Property Value:** $______________  
**Any Mortgage/Lien:**   
- [ ] Yes  
- [ ] No

**Annual Property Taxes:** $______________  
**Annual Homeowner’s Insurance:** $______________

**Is the Property in a 100-Year Flood Plan?**   
- [ ] Yes  
- [ ] No

**List three (3) Credit References:**_____________________________________

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This Pre-Application is an information sheet for the Housing Authority of St. Mary’s County Office and does not constitute a commitment to fund the request.

**Applicant’s Signature**  
**Date**

**Co-Applicant’s Signature**  
**Date**

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Updated 4/16/08  
www.co.saint-marys.md.us/housing