



CommunityWorks in West Virginia, Inc.
4302 Crede Drive
Charleston, West Virginia 25302

(304) 965-2241 Voice
(304) 965-2264 Fax

CLIENT PREQUALIFICATION PROFILE

This document is used as a prequalification tool to determine your eligibility. Completion/submission of this client profile does not guarantee a loan.

Borrower's Information

Borrower's Full Name: _____
Last *First* *M.I.*

Mailing Address: _____
PO Box/ Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email: _____

Date of Birth: _____ Social Security #: _____

Co-Borrower's Information

Co- Borrower's Full Name: _____
Last *First* *M.I.*

Mailing Address: _____
PO Box/ Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Date of Birth: _____ Social Security #: _____

Relationship: _____

Household Information

Household Annual Gross Income: \$ _____ Number of People in Household: _____

Borrower's Signature: _____

Co- Borrower's Signature: _____



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CREDIT REPORT AUTHORIZATION FORM

Applicant:

Co-Applicant:

The undersigned has granted CommunityWorks in West Virginia, Inc. permission to obtain a copy of his/her tri-merge credit report for the purpose of evaluating their current debts in accordance to lending criteria and procedures.

I understand that **there is a fee** for this report and that it must be paid at the time of services. The credit report will not be pulled if the fee has not been paid. **PERSONAL CHECKS ARE NOT ACCEPTED.** Please make payment payable to CommunityWorks in West Virginia, Inc. with cash, money order, or cashier check for the following amount.

Single Report \$32.00

Borrower's Name: _____

Borrower's Signature: _____ Date: _____

Co-Borrower's Name: _____

Co-Borrower's Signature: _____ Date: _____