

2603 S. Francis Street
Port Angeles, WA 98362
452-7631 ext. *822

PO Box 2109 / 5210 Kuhn Street
Port Townsend, WA 98368
379-2565

Mutual Self Help Housing Intake Form

Peninsula Housing Authority

- Call for an appointment or email mmccaughan@peninsulapha.org
Please keep this form and bring with you for 1st appointment!

Date _____ Time _____ Housing Counselor _____

1. GENERAL INFORMATION

Applicant _____ Social Security # _____ Date of Birth _____ Age _____

Physical Address _____ Mailing Address _____

City, State _____ Zip Code _____ Email _____
Home Phone _____ Work Phone _____ OK to call? Y N Cell Phone _____

Marital Status Married Single Divorced Separated Widowed

Co Applicant _____ Social Security # _____ Date of Birth _____ Age _____ Relationship _____

Physical Address _____ Mailing Address _____

City, State _____ Zip Code _____ Email _____

Home Phone _____ Work Phone _____ OK to call? Y N

Cell Phone _____

Marital Status Married Single Divorced Separated Widowed

Dependents

Names: _____ Ages: _____

Names: _____ Ages: _____

2. Residential Information

Landlord's Name _____ Landlord's Address _____ Phone _____

Time lived at current address _____ Yrs _____ Mo Mo. Rent \$ _____ Mo. Utilities _____

Previous address you occupied if less than 2 years at current address _____

3. Employment And Income

Applicant Gross Income:

Hour \$ _____ Week \$ _____ Month \$ _____ Year \$ _____

Employer Address Phone

Hours Per week _____ Start Date _____ Position/Title _____

If less than two years, list previous employment and Phone

Start Date _____ End Date _____

If gap of more than 30days, please explain:

Co-Applicant Gross Income:

Hour \$ _____ Week \$ _____ Month \$ _____ Year \$ _____

Employer Address Phone

Hours Per week _____ Start Date _____ Position/Title _____

If less than two years, list previous employment and Phone.

Start Date _____ End Date _____

If gap of more than 30 days, please explain:

Other Sources of Income:

Child Support Monthly \$ _____

Pension/Disability/SSI /SS \$ _____

Applicant (Source) _____ \$ _____

Co-Owner/Spouse (Source) _____ \$ _____

Interest on Savings \$ _____

Food Assistance \$ _____

Other (Source) _____ \$ _____

Total Income from all sources \$ _____

Debt List ALL monthly debt (installments, credit cards, loans)

Child Support \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Assets: List all savings, retirement/pension accounts, 401k, IRA's etc

_____ \$ _____

Please rate your credit score on a scale of 1-10. App: _____ Co-App: _____

Where would you like to live?

1st Choice _____
City County

2nd Choice _____
City County

Number of Bedrooms: _____ Special Needs (Handicapped/elderly) _____

Are you currently in Public Housing _____ Section-8 _____

Are you in Family Self-Sufficiency _____

If so describe your time line and account status. _____

Have you owned a home in the last three years? Y N Type/Loan? VA FHA UNCONV USDA

Are you a citizen or permanent resident of the U.S.? yes no

Are you a Veteran? yes no Are you currently in the millitary? yes no

The Self-Help program requires families to contribute 32 hours weekly performing construction tasks. How will your family satisfy these requirements?

Applicant _____ hours, Co-Applicant _____ hours, Friends _____ hours, Relatives _____ hours

5.Certification and Release

I certify that all of the above information is correct and true to the best of my knowledge. I understand that false or misleading information may be grounds for rejection of my application. Furthermore, I understand that the completion of this application in no way guarantees me that I will receive housing. I hereby authorize the Peninsula Housing Authority to obtain a credit report in my name and verify results with creditors including Medical and/or to request verification of income, employment and residence. I give permission for the PHA to discuss my housing application with potential lenders. I will keep the PHA apprised of any changes in family status and/or income changes. **I understand that I am responsible for reimbursing the PHA for the cost of the credit report at time of appointment. No cash accepted; check or money order only (\$16.23 - single \$32.46 - couple)**

Applicant's Signature Date

Co-Applicant's Signature Date

(Release will expire 6 months from date of signature.)

6. Information for Government monitoring Purposes

The Federal Government and those that provide our funding for this Housing Counseling Service request the following information. The information is used to monitor compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. It will in no way affect the manner in which services are delivered.

Borrower: **Co-borrower:**

___ I do not wish to furnish information ___ I do not wish to furnish information

Check all that apply

___ Hispanic ___ Hispanic

Race Race

___ American Indian ___ American Indian
___ Black, ___ Black, Non-Hispanic
___ White ___ White
___ Other _____ ___ Other _____

Sex

___ Male ___ Female ___ Male ___ Female

7. Referral Source

___ Mail out ___ Word of Mouth ___ Flyer
___ Brochure ___ Newspaper ___ TV
___ Radio ___ Banker ___ Housing Authority Employee
___ Web Site ___ Banner ___ Other _____