

# Mutual Self Help Housing Intake Form Peninsula Housing Authority

2603 S. Francis Street Port Angeles, WA 98362 452-7631 ext. *822	PO Box 2109 / 5210 Kuhn Street Port Townsend, WA 98368 379-2565
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- Call for an appointment or email [cstimbert@peninsulapha.org](mailto:cstimbert@peninsulapha.org)  
**Please keep this form and bring with you for 1<sup>st</sup> 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 <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>			

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 <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>				

<b>Dependents</b>	
Names: _____	Ages: _____
_____	_____
_____	_____

<b>Names:</b>	
_____	_____
_____	_____

**2. Residential Information**

Landlord's Name _____	Landlord's Address _____	Phone _____
Time lived at current address ____ Yrs ____ Mo Mo. Rent \$ _____ Mo. Utilities _____		
<b>Previous address you occupied if less than 2 years at current address</b> _____		
_____		

### 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) _____	\$ _____
<b>Total Income from all sources</b>	<b>\$ _____</b>

**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?  
1<sup>st</sup> Choice \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_  
2<sup>nd</sup> 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 military?  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.

<u>Borrower:</u> <input type="checkbox"/> I do not wish to furnish information	<u>Co-borrower:</u> <input type="checkbox"/> I do not wish to furnish information
<b>Check all that apply</b>	

<input type="checkbox"/> Hispanic  <b>Race</b> <input type="checkbox"/> American Indian <input type="checkbox"/> Black, <input type="checkbox"/> White <input type="checkbox"/> Other _____	<input type="checkbox"/> Hispanic  <b>Race</b> <input type="checkbox"/> American Indian <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other _____
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

<b>7. Referral Source</b>		
<input type="checkbox"/> Mail out	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Flyer
<input type="checkbox"/> Brochure	<input type="checkbox"/> Newspaper	<input type="checkbox"/> TV
<input type="checkbox"/> Radio	<input type="checkbox"/> Banker	<input type="checkbox"/> Housing Authority Employee
<input type="checkbox"/> Web Site	<input type="checkbox"/> Banner	<input type="checkbox"/> Other _____