

# Mutual Self Help Home Building Intake Form Peninsula Housing Authority

2603 S. Francis Street  
Port Angeles, WA 98362  
(360)452-7631 ext. \*822

Call for an appointment or email [mmccaughan@peninsulapha.org](mailto:mmccaughan@peninsulapha.org)  
**Please keep this form and bring with you for 1<sup>st</sup> appointment!**

Date \_\_\_\_\_ Time \_\_\_\_\_ Housing Counselor \_\_\_\_\_

## 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 \_\_\_\_\_  
 Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_ Relationship \_\_\_\_\_  
 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** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**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 number

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

If gap of more than 30 days, 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 number.

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 (child support, installments, credit cards, loans)**

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____



**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 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/Relative \_\_\_\_\_ hours

#### **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.

<b><u>Borrower:</u></b>	<b><u>Co-borrower:</u></b>
___ I do not wish to furnish information	___ I do not wish to furnish information

Check all that apply

Applicant:

Co-Applicant:

Ethnicity:

- \_\_\_ Hispanic/Latino
- \_\_\_ Non-Hispanic/Non-Latino

- \_\_\_ Hispanic/Latino
- \_\_\_ Non-Hispanic/Non-Latino

Race:

- \_\_\_ Native American/Alaskan Native
- \_\_\_ African American/Black
- \_\_\_ Caucasian/White
- \_\_\_ Other \_\_\_\_\_

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- \_\_\_ Native American/Alaskan Native
- \_\_\_ African American/Black
- \_\_\_ Caucasian/White
- \_\_\_ 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 _____

