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 pleffler@peninsulapha.org

Please keep this form and bring with you for 1st appointment!

Date____________ Time_______ Housing Counselor____________

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**GENERAL INFORMATION**

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Social Security #</th>
<th>Date of Birth</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address</td>
<td>Mailing Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>Zip Code</td>
<td>Email</td>
<td></td>
</tr>
<tr>
<td>Home Phone</td>
<td>Work Phone</td>
<td>OK to call?</td>
<td>Y N</td>
</tr>
<tr>
<td>Cell Phone</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Marital Status: Married___ Single___ Divorced___ Separated___ Widowed___

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<table>
<thead>
<tr>
<th>Co-Applicant</th>
<th>Social Security #</th>
<th>Date of Birth</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Address</td>
<td>Mailing Address</td>
<td>Relationship</td>
<td></td>
</tr>
<tr>
<td>City, State</td>
<td>Zip Code</td>
<td>Email</td>
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**DEPENDENTS**

<table>
<thead>
<tr>
<th>Names:</th>
<th>Ages:</th>
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**RESIDENTIAL INFORMATION**

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<tr>
<th>Landlord’s Name</th>
<th>Landlord’s Address</th>
<th>Phone</th>
</tr>
</thead>
</table>

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 $_________

_________________________ __________ 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 $_________

_________________________ __________ 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 $_________________
Food Assistance $_________________
Applicant $_________________ Source ___________________
Co-Applicant/Spouse $_________________ Source ___________________
Other $_________________ Source ___________________

Total Income from all sources $_________________

DEBT

List ALL monthly debt (credit cards, child support, installments, 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?
1st Choice ________________________________ County

2nd Choice ________________________________ 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. __________________________

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 ($19.64 - single; $39.28 - couple)

_________________________________________ Date

_________________________________________ Date

Applicant’s Signature Co-Applicant’s Signature

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

Applicant:   Co-Applicant:

Ethnicity:

___ Hispanic/Latino
___ Non-Hispanic/Non-Latino

Race:

___ Native American/Alaskan Native
___ African American/Black
___ Caucasian/White
___ Other ____________________

Sex:

___ Male  ___ Female

___ Male  ___ Female

Referral Source

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

The Peninsula Housing Authority does not discriminate on the basis of race, creed, age, color, national origin, religion, familial status, marital status, sex, honorably discharged veteran or military status, sexual orientation, gender identity, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability in admission or access to its programs. If you need a reasonable accommodation, contact the PHA at (360) 452-7631