Mutual Self-Help Home Building Intake Form Peninsula Housing Authority

2603 S. Francis Street
Port Angeles, WA 98362
Phone: (360)452-7631 ext. 302 Fax: (360) 452-9468
Email: dthomason@peninsulapha.org

Applicant		Social Security #	# Date of	f Birth	Age
Physical Address			Mailing Address (if dif	ferent)	
City, State Home Phone	Work Pl	Zip Code hone	OK to cal	Email 1? Y / N	
Cell Phone Married	Single	Divorced	Separated	Widowed	-
Co-Applicant		Social Security #	# Date of	f Birth	Age
Physical Address if different than	applicant (Stre	eet/City/State/Zi	ip)		
Relationship to Applicant				Email	
Home Phone	Work Pr	_ Work PhoneOK		1? Y / N	
Marital Status: Married	Single	Divorced	Separated	Widowed	-
Dependents/Other Household Names:	Members Date of Bir	rth:	Names:	Date	of Birth:
		_			
RESIDENTIAL INFOR	MATION				
	.VIII I I C I .				
Landlord's Name		Landlord's Address			Phone
Time lived at current address:		fonthly Rent \$_	Mo. Utilities: \$		
	Move in date)			(C:	rcle all included)

EMPLOYMENT AND INCOME Applicant Gross Income:			
Applicant Gross income.			
Employer	Address		Phone
Hour \$ Week \$	Month \$	Year \$	Pay Frequency: Weekly/EOW/2x month/Monthly (Circle that applies)
Hours Per week	_ Start Date	Position/Title_	(Chee that applies)
If less than two years, list previous	s employment and p	ohone number	
Start Date End Date If gap of more than 15 days, please			
Co-Applicant Gross Income:			
Employer	Address		Phone
Hour \$ Week \$	Month \$	Year \$	Pay Frequency: Weekly/EOW/2x month/Monthly
Hours Per week	_ Start Date	Position/Title_	(Circle that applies)
If less than two years, list previous	s employment and p	phone number	
Start Date End Date If gap of more than 15 days, please			
Od - C FIncome for	TT L.13,		
Other Sources of Income for Inchild Support Monthly			
Pension/Disability/SSI/SS	\$		
Food Assistance	\$		
Applicant Additional	· · · · · · · · · · · · · · · · · · ·		Source
Co-Applicant/Spouse Additional			Source
Other	\$		Source
Total Income from all sources	\$		
ASSETS			
List all checking, savings, stocks,	honds retirement/n	ension accounts 401k	IR A's etc
List air checking, savings, stocks,	bonds, remement p	\$	nar sec.
		\$	_
		\$	_
		\$ \$	_
		Ψ	_

DEBT			
List ALL monthly debt (credit cards, child su			
Student Loans Out-of-pocket Childcare Costs	_ \$	_ In Repayment? Yes □ No □	
Out-of-pocket enfluence costs	_ \$ \$	_	
	\$	_	
	_ \$	_	
	\$	_	
Credit			
Please rate your credit score on a scale of 1-	-10. (Or, if credit scor	re is known, put score) :App: Co-App:	
Do you or the co-applicant have any of the	following (Charlen	north for "Voc" or loove blank for "No")	
bo you of the co-applicant have any of the	ionowing. (Check in	iaik for the or leave brank for tho)	
☐ Bankruptcy (if yes, Discharge Date) 🗆 Unpaid	Collections	
☐ Foreclosure or Deed in Lieu within 36 mg			
☐ Missed or 30+ day late payments within 1		submittal	
☐ Unsatisfied and/or outstanding Judgemen	its		
Please provide a copy of your EQUIFAX	credit report from	www.annualcreditreport.com with this intake form	
Where would you prefer to live in Clallam	or Jefferson County.	(If no preference, put "Any")	
1st Choice			
1st ChoiceCity		County	
City 2 nd ChoiceCity		County	
Number of Bedrooms: Special Needs (Disabled/elderly)			
Home Layout Preference: ☐ Detached Home ☐ Attached Townhome ☐ Any/No Preference			
Do you live in Public Housing? Do you have a Section-8Voucher?			
Are you in Family Self-Sufficiency (FSS)?			
If in FSS, describe your timeline and account status			
Are you a citizen or permanent resident of t	the U.S.?	es No	
Are you a Veteran?			
Do you or the co-applicant currently own or have owned a home in the last 3 years? \Box Yes \Box No			
This program requires participants to contri How will you and your household satisfy the		32 hours <u>weekly</u> performing labor and construction tasks.	
1	nt hours,	Friends/Relative/Other hours	

CERTIFICATION AND RELEASE

I certify that all the above information is correct and true to the best of my knowledge. I understand that false or misleading information or an incomplete form may be grounds for rejection of my application. Furthermore, I understand that the completion of this form in no way guarantees me that I will receive housing or be a member of a build group. 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, contact information, income changes, etc.

I understand that I am responsible for reimbursing the PHA for the cost of the credit report when requested. <i>No cash accepted. Check or money order only</i> Minimum Cost: \$36.47 per applicant. Amount subject to change.			
Applicant's Signature	Date		
Co-Applicant's Signature	Date		

This program made possible by:









Acknowledgements:

- The Mutual Self-Help Housing program is a nationwide program that provides a pathway to homeownership for individuals and families with limited income. It is designed as a group build of homeowner/builders all securing Section 502 loans through USDA Rural Development at the same time and then working together as a group to build all the homes in the group. The participants of the program provide the majority of the labor involved with construction, thereby reducing the overall construction costs.
- USDA Rural Development also offers subsidy to qualifying households. The subsidy is based on income and
 household make-up. The amount is determined by USDA Rural Development at loan conversion. The subsidy
 provided is subject to recapture should the borrower(s) transfer title, refinance, or no longer occupy the
 property.
- Minimum qualifications for loan eligibility in Clallam and Jefferson County include: Two (2) years verifiable employment or regular un-earned income (such as pension fund, social security, SSI, etc.), a 640 credit score, U.S. Citizenship or permanent residency, two (2) year rental history in good standing, and gross (before tax) annual household repayment income of approximately \$35,000. Many factors may count towards repayment income, so applicants who are unsure are encouraged to submit an intake for a free eligibility evaluation.
- During loan application process, third party verifications will be required. This can include, but is not limited to:
 pay stubs, benefit statements for un-earned income, bank statements, tax returns and W-2s, child care
 expenses, and child support. Our loan packager may request these documents several times, as verifying
 documents submitted to USDA-RD are required to be as current as possible.
- Through the duration of the construction phase, there is a sweat equity requirement of a minimum of 32 labor hours per week per household. <u>Labor and construction tasks required of all participants include (but are not limited to): manual labor, heavy lifting, repetitive movements, ability to climb ladders and walk on scaffolding/roofs, use of power tools, navigating uneven and rough terrain, and working outdoors in any and all weather conditions. It is understood that Peninsula Housing Authority does not build the homes for the program participants but provides technical assistance to the build group members to enable them to construct the homes.</u>
- While there are no mortgage payments made during construction, some out of pocket expenses can be expected for the program. These may include, but are not limited to, First Time Homebuyer's education course, Course of Construction insurance renewal, property taxes, and excluded appliances. The creation of a savings account to address additional expenses is highly recommended. In addition, we recommend participants have a minimum savings of \$2,000 in anticipation of loan conversion from a construction loan to a permanent mortgage. At that time, USDA Rural Development will establish an escrow account funded by you that pays for your insurance and taxes.

I have read and understand the above acknowledgements and will ask additional questions to ensure, to the best of my ability, that I understand the program requirements and processes fully. I further agree to adhere and abide by the program requirements.			
Applicant Signature	Printed Name	Date	
Co-Applicant Signature	Printed Name	Date	

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	Hispanic/Latino Non-Hispanic/Non-Latino Race: Native American/Alaskan Native African American/Black Caucasian/White Other Male Female
Referral Source	
Mail out Word of Mouth Brochure Banker Banner	TV Housing Authority Employee 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.