

# Peninsula Housing Authority

## Mutual Self-Help Housing Intake Form

(360) 452-7631 Ext 302  
**dthomason@peninsulapha.org**

### GENERAL INFORMATION

<hr/>	<hr/>	<hr/>	<hr/>
Applicant	Social Security #	Date of Birth	Age
<hr/>		<hr/>	
Physical Address		Mailing Address (if different)	
<hr/>	<hr/>	<hr/>	<hr/>
City, State	Zip Code	Email	
Home Phone _____	Work Phone _____	OK to call? Yes	No
Cell Phone _____			
Marital Status: Married _____	Single _____	Divorced _____	Separated _____ Widowed _____

<hr/>	<hr/>	<hr/>	<hr/>
Co-Applicant	Social Security #	Date of Birth	Age
<hr/>		<hr/>	
Physical Address if different than applicant (Street/City/State/Zip)			
<hr/>		<hr/>	
Relationship to Applicant		Email	
Home Phone _____	Work Phone _____	OK to call? Yes	No
Cell Phone _____			
Marital Status: Married _____	Single _____	Divorced _____	Separated _____ Widowed _____

Dependents/Other Household Members	
Names:	Date of Birth:
_____	_____
_____	_____
_____	_____

Names:	Date of Birth:
_____	_____
_____	_____
_____	_____

### RESIDENTIAL INFORMATION

<hr/>	<hr/>	<hr/>
Landlord's Name	Landlord's Address	Phone
<hr/>		
Time lived at current address: _____	Monthly Rent \$ _____	Mo. Utilities: \$ _____
(Move in date)	(what utilities included)	
<b>Previous address(es) you occupied if less than 2 years at current address</b> _____		
<hr/>		
<hr/>		

**EMPLOYMENT AND INCOME**

**Applicant Gross Income:**

\_\_\_\_\_  
Employer Address Phone

Hour \$ \_\_\_\_\_ Week \$ \_\_\_\_\_ Month \$ \_\_\_\_\_ Year \$ \_\_\_\_\_ Pay Frequency:

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 15 days, please explain:

**Co-Applicant Gross Income:**

\_\_\_\_\_  
Employer Address Phone

Hour \$ \_\_\_\_\_ Week \$ \_\_\_\_\_ Month \$ \_\_\_\_\_ Year \$ \_\_\_\_\_ Pay Frequency:

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 15 days, please explain:

**Other Sources of Income for Household:**

Child 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, bonds, retirement/pension accounts, 401k, IRA's etc.

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

## DEBT

List ALL monthly debt (credit cards, child support, installments, loans, judgements)

Student Loans	\$ _____	In Repayment? Yes	No
Out-of-pocket Childcare Costs	\$ _____		
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		
_____	\$ _____		

## Credit

Please rate your credit score on a scale of 1-10. (Or, if credit score is known, put score) :App: \_\_\_\_\_ Co-App: \_\_\_\_\_

Do you or the co-applicant have any of the following: (Select for "Yes" or leave blank for "No")

- Bankruptcy (if yes, Discharge Date \_\_\_\_\_)     Unpaid Collections    Unpaid Charge-Offs  
Foreclosure or Deed in Lieu within 36 months of Intake submittal  
Missed or 30+ day late payments within 12 months of Intake submittal  
Unsatisfied and/or outstanding Judgements

**Please provide a copy of your EQUIFAX credit report from [www.annualcreditreport.com](http://www.annualcreditreport.com) with this intake form**

Where would you prefer to live in Clallam or Jefferson County. (If no preference, put "Any")

1<sup>st</sup> Choice \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Accommodations Needs (Disabled/elderly): \_\_\_\_\_

Home Layout Preference:  Detached Home  Attached Townhome  Any/No Preference

Do you live in Public Housing? \_\_\_\_\_ Do you have a Section-8 Voucher? \_\_\_\_\_

Are you in Family Self-Sufficiency (FSS)? \_\_\_\_\_

If in FSS, describe your timeline 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 military?  Yes  No

Do you or the co-applicant currently own or have owned a home in the last 3 years?  Yes  No

This program requires participants to contribute a minimum of 32 hours **weekly** performing labor and construction tasks.

How will you and your household satisfy these requirements?

Applicant \_\_\_\_\_ hours,      Co-Applicant \_\_\_\_\_ hours,      Friends/Relative/Other \_\_\_\_\_ hours

Is there anything that may prohibit your household from contributing the required labor hours: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

**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. No cash accepted. Check or money order only Minimum Cost: \$36.47 per applicant. Amount subject to change.**

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant’s Signature

\_\_\_\_\_  
Date

**Income Limit for program regions as of July 2023 (Annual Income after deductions cannot exceed)**

Number in Household	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Clallam County	\$66,800	\$66,800	\$66,800	\$66,800	\$88,200	\$88,200	\$88,200	\$88,200
Jefferson County	\$67,450	\$67,450	\$67,450	\$67,450	\$89,050	\$89,050	\$89,050	\$89,050

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 USDA Rural Development 502 Direct Loans, which pay for the construction costs of the home, at the same time and then working together to build all the homes in the group. Program participants provide 65% or more of the construction labor, thereby reducing the overall construction costs and creating sweat equity value.
- USDA Rural Development also offers mortgage subsidy to qualifying households. The subsidy is based on income and household size. The amount is determined by USDA Rural Development at loan conversion. Subsidy is subject to recapture should the borrower(s) transfer title, refinance, no longer occupy the property, or at the end of the loan term.
- 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 \$38,000. Many factors may count towards repayment income, so applicants who are unsure are encouraged to submit an intake for a free eligibility evaluation.
- During the 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, childcare expenses, and child support. Our loan packager will 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. **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.
- 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 out-of-pocket expenses is highly recommended. In addition, participants should 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 home insurance and annual property 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.

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Applicant Signature

Printed Name

Date

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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 provide this information, but are encouraged to do so. It will in no way affect the manner in which services are delivered.

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

Check all that apply

<p><b>Applicant:</b></p> <p><b>Ethnicity:</b>          ___ Hispanic/Latino          ___ Non-Hispanic/Non-Latino</p> <p><b>Race:</b>          ___ Native American/Alaskan Native          ___ African American/Black          ___ Caucasian/White          ___ Other _____</p> <p><b>Sex:</b>          ___ Male    ___ Female</p>	<p><b>Co-Applicant:</b></p> <p>___ Hispanic/Latino          ___ Non-Hispanic/Non-Latino</p> <p><b>Race:</b>          ___ Native American/Alaskan Native          ___ African American/Black          ___ Caucasian/White          ___ Other _____</p> <p>___ Male    ___ Female</p>
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**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 reasonable accommodation, contact the PHA at (360) 452-7631.

### **TIME TO SUBMIT!!**

Return complete intake form along with:

- credit report(s) from [www.annualcreditreport.com](http://www.annualcreditreport.com)
- Last 4 consecutive paystubs
- For SS, Disability, or any other income, including child support and SNAP food benefits, submit most recent statement, verification, or award letters

#### **Ways to Submit:**

**Mail/Drop-Off:**

Peninsula Housing Authority  
 Attn: Self-Help  
 2603 S Francis St  
 Port Angeles, WA 98362

**Fax:**  
 ATTN: Self-Help  
 (360) 452-9468

**Email:**  
[dthomason@peninsulapha.org](mailto:dthomason@peninsulapha.org)