

Self- Help Housing Intake Form

Housing Authority of the County of Clallam
2603 S. Francis Street - Port Angeles, WA 98362
Call for an appointment 452-7631 ext. 22

Please keep this form until you come in for appointment do not mail in or drop off
Date_____Time_____Housing Counselor_____

1. GENERAL INFORMATION

Today's Date: _____

Applicant _____ Social Security # _____ Date of Birth _____ Age _____

Co-Applicant _____ Social Security # _____ Date of Birth _____ Age _____

Physical Address _____ Mailing Address _____

City, State _____ Zip Code _____ email _____

Phone home _____ work _____ Co-applicant wk _____

Marital Status Married ___ Single ___ Divorced ___ Separated ___ Widow(er) ___

Dependents

Names:

Ages:

2. Residential Information

Landlord's Name _____ Landlord's Address _____ Phone _____

Time lived at above address ___Yrs___Mo Mo. Rent \$_____ Mo. Utilities _____

IF less than two years;

Address you occupied _____

Landlords Name/Address and phone _____

Date of Occupancy _____

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 _____

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 _____

Other Sources of Income:

Child Support Monthly \$ _____

Pension/Disability/SSI \$ _____

Applicant (Source) _____ \$ _____

Co-Owner/Spouse (Source) _____ \$ _____

Interest on Savings \$ _____

Bank _____

Other (Source) _____ \$ _____

Total Income from all sources \$ _____

Debt List ALL monthly debt (installments, credit cards, loans)

Child Support \$ _____

_____ \$ _____

_____ \$ _____

Assets: List all savings, retirement/pension accounts, 401k, IRA's etc

_____ \$ _____

Where would you like to live?

1st Choice _____
City County

2nd 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? _____ VA? _____ FHA? _____

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 30-35 hours weekly performing construction tasks. How will your family satisfy these requirements?

Applicant _____ hours, Co-Applicant _____ hours, Friends _____ hours, Relatives _____ hours

If eligible are you interested in Habitat Housing? YES

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 Housing Authority of the County of Clallam 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 HACC to discuss my housing application with potential lenders. I will keep the HACC apprised of any changes in family status and/or income changes. **I understand that I am responsible for reimbursing the HACC for the cost of the credit report at time of appointment. No cash accepted; check or money order only (\$9.83 - single \$18.66 - 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.

Borrower:

I do not wish to furnish this information

Co-borrower:

I do not wish to furnish this information

Race/National Origin

- American Indian
- Black,
- White
- Hispanic
- Other _____

Race/National Origin

- American Indian
- Black, Non-Hispanic
- White
- Hispanic
- Other _____

Sex

Male Female

Male Female

7. Referral Source

- | | | |
|-----------------------------------|-----------------------------------------------------|--------------------------------------|
| <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"/> Other _____ |
| <input type="checkbox"/> Web Site | <input type="checkbox"/> Housing Authority Employee | |