



# SELF-HELP HOUSING APPLICATION FORM

## APPLICANT INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Current Address from Date: \_\_\_\_\_  
 Do you own your home? Y:  N:

## CO-APPLICANT INFORMATION

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Current Address from Date: \_\_\_\_\_  
 Do you own your home? Y:  N:

## OTHER HOUSEHOLD MEMBERS

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

## RESIDENTIAL HISTORY

Current Landlord Name: \_\_\_\_\_  
 Current Mailing Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Current Address to Date: \_\_\_\_\_  
 Previous Landlord Name: \_\_\_\_\_  
 Previous Mailing Address: \_\_\_\_\_  
 Previous Phone Number: \_\_\_\_\_ Date Moved to Above Address: \_\_\_\_\_

## COUNTY OF INTEREST (PLEASE CHECK ONE)

Bannock  Bear Lake  Bingham  Caribou   
 Franklin  Oneida  Power  Other   
 If Other, please specify: \_\_\_\_\_  
 Rehabilitation Concerns: \_\_\_\_\_





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## FINANCIAL OBLIGATIONS (CONT.)

Please outline other debts (*Childcare, Credit Cards, Medical Expenses, Personal Loans, etc*) the applicant or the co-applicant is obligated to make monthly payments towards below. Do not include food, utilities, or cash expenses.

Creditor	Monthly Payment Amount	Remaining Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total Monthly Debt:** \_\_\_\_\_

Have either the applicant or the co-applicant filed bankruptcy in the past 3 years? Y:  N:

If yes, what is the date of discharge? \_\_\_\_\_

If yes, what form of bankruptcy was filed? \_\_\_\_\_

Do either the applicant or the co-applicant have unpaid judgments? Y:  N:

If yes, please explain what the judgment is: \_\_\_\_\_

If yes: what is the amount owed? \_\_\_\_\_

Do either the applicant or the co-applicant have bills in collections? Y:  N:

If yes, please list each creditor owed and the balances due:

Creditor	Remaining Balance
_____	_____
_____	_____
_____	_____

## PROGRAM COMMITMENT

SEICAA's Self-Help Housing program requires limited "sweat equity" at the construction site (50 hours per build), performing construction labor tasks. Additionally, attending homebuyer's education courses are required.

Can you realistically work on the home as needed? Y:  N:

Can you, your family members, or your friends help you accrue labor hours? Y:  N:

Are you able to perform light construction work? Y:  N:

Do you have reliable transportation? Y:  N:

Are you willing to attend educational classes if your application is approved? Y:  N:



**South Eastern Idaho  
Community Action Agency**  
*Helping People. Changing Lives.*

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## AUTHORIZATION TO RELEASE INFORMATION

I have applied for Southeastern Idaho Community Action Agency's (SEICAA) Self-Help Housing program. As part of the process in considering me for this program, SEICAA may verify information contained in my request for assistance and in other documents required in connection with the request.

I authorize SEICAA to order a consumer credit report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., SEICAA is authorized to access my financial records held by financial institutions in connection with the considerations or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to SEICAA without further notice or authorization but will not be disclosed or released by SEICAA to another agency or department or used for another purpose without my consent except as required or permitted by law.

This authorization is valid for the life of the loan. A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated.

_____	_____	_____	_____
<b>Applicant Signature</b>	<b>Date</b>	<b>Co-Applicant Signature</b>	<b>Date</b>
_____	_____		
<b>SEICAA Staff Signature</b>	<b>Date</b>		

Please submit your application to:

<b>MAIL/DELIVER</b>	<b>FAX</b>
<b>Attn: SEICAA Self-Help Housing</b> <b>641 N. 8<sup>th</sup> Ave.</b> <b>Pocatello, ID, 83201</b>	<b>(208) 233-8122</b>

**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

N/A	N/A	N/A
Name of Property	Project No.	Address of Property
SEICAA		Self-Help Housing
Name of Owner/Managing Agent	Type of Assistance or Program Title:	
Name of Head of Household		Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
  1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
  2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
  1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
  2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
  3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
  4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
  5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.