



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

Self Help Housing Program PRE-APPLICATION

Date: _____

Applicant Information:

Name: _____

Address (include City/Town):

Do you own your home? Y or N

How long resided at current address? _____

Social Security Number: _____

Date of Birth: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Best time to contact by phone: _____

Email: _____

Occupation: _____

Co-Applicant Information:

Name: _____

Address (include City/Town):

Do you own your home? Y or N

How long resided at current address? _____

Social Security Number: _____

Date of Birth: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Best time to contact by phone: _____

Occupation: _____

Others Residing in Household:

Name: _____ Age: _____

Name: _____ Age: _____

HOUSING HISTORY FOR THE PAST 24 MONTHS (2 YEARS)

Name of Current Landlord: _____

Mailing Address : _____

Phone Number: _____ Date Moved to Current Address: _____

Name of Prior Landlord: _____

Mailing Address: _____

Phone Number: _____ Date Moved to Above Address: _____

**Geographical/ area of interest for the Affordable Housing Program:
(Please Circle One)**

Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, or Power County, Other _____

If Rehabilitation please list areas of concerns: _____

Income Information

	Employer Name	Date Employment Began	Rate of Pay	Hours Worked Per Week	Gross Annual Income for the Next 12 Months
<u>Applicant</u>					
<u>Co-applicant</u>					

Have either the applicant or co-applicant been previously married? Y or N

If yes, is the divorce final? Y or N

Do you pay child support? Y or N
 Monthly Amount Paid \$ _____

Do you receive child support? Y or N
 Monthly Amount Received \$ _____

Does applicant or co-applicant receive Social Security, SSI/SSA, or any other Income Benefits?
 (eg. Interest Earned, Retirement, Rental Property, etc...)
 If yes, what is the monthly amount received? \$ _____ Y or N

Does applicant or co-applicant receive Food Stamps?
 If yes, what is the monthly amount received? \$ _____ Y or N

If yes, what is the total monthly amount received? \$ _____ Y or N

Commitment to Self Help Housing Program

Self-Help Housing:

- The program requires limited "sweat equity" as feasible at the construction site can you realistically work as needed on the home? Y or N
- The program requires that each household adult commit 50 hours per build, performing construction labor tasks. Can you-family members commit to this process?
(Family and friends may help with labor hours) Y or N

All Programs:

- Are you able to do light construction work? Y or N
- Do you have reliable transportation? Y or N
- Are you willing to attend educational classes if your application is approved?
 (Homebuyer's Education courses are required) Y or N



Financial Obligations

Do you currently rent?

If yes, what do you pay monthly? \$ _____

Y or N

Do you own a house?

If yes, what are your monthly payments? \$ _____

Y or N

Do you own a Manufactured Home or Trailer House?

If yes, what is the year and model? _____

Y or N

What is the assessed value? \$ _____

Monthly Bills:

Outline present monthly payments of debts, such as credit cards, medical, loans you are obligated to make.

If you pay for childcare while you are at work, please include this amount in your monthly payments.

(Do not include food, utilities or cash expenses.)

Credit History

Creditor(s) List	Monthly Payment	Balance Remaining	
			Total Monthly Debt

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

If yes, date of discharge? _____ Was the bankruptcy a Chapter 7? _____ or a Chapter 13? _____

Do either the applicant or the co-applicant currently have unpaid judgments?

Y or N

If yes, please explain what the judgment is for and the balance that is owed.

_____ \$ _____

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

Y or N

If yes, please list creditor and state balance due for each.

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

How did you hear about SEICAA Self Help Housing Programs? (Check all that apply)

___ Newspaper

___ Radio

___ TV

___ Mailing

___ Brochure

___ Family/Friend

___ Staff/Board Member

___ Agency Referral

___ Other: Explain _____



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AUTHORIZATION TO RELEASE INFORMATION

I have applied for Southeastern Idaho Community Action Agency (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 consideration 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,

Signature Applicant

Date

Signature Co-Applicant

Date

SEICAA Staff Signature

Date

Please Submit Application to:
SEICAA Self Help Housing
641 N. 8th Avenue
Pocatello, Idaho 83201
Or fax to 208-233-8122

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB 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 Program

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 form 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 provided 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 not 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.