



## MUTUAL SELF-HELP HOUSING PRE-APPLICATION FORM

1. Date of application: \_\_\_\_\_
2. Applicant information (Applicant means the primary provider for the household).

<u>Applicant</u>
Name: _____
Address: _____
_____ ID, _____
Social Security #: _____ - _____ - _____
Date of Birth: ____/____/____
Home Phone #: _____ - _____ - _____
Cell Phone #: _____ - _____ - _____
Work Phone #: _____ - _____ - _____
Occupation _____
Best time to reach you by phone: _____
How long at current address? _____

<u>Co-Applicant</u>
Name: _____
Address: _____
_____ ID, _____
Social Security #: _____ - _____ - _____
Date of Birth: ____/____/____
Home Phone #: _____ - _____ - _____
Cell Phone #: _____ - _____ - _____
Work Phone #: _____ - _____ - _____
Occupation _____
Best time to reach you by phone: _____
How long at current address? _____

3. Please give names and ages of all children in the household:

\_\_\_\_\_

4. Are there any other members of your household who live with you?

\_\_\_\_\_

5. Is either applicant attending school? Yes  No
6. Has either applicant been previously married? Yes  No
6. Is your divorce final? Yes  No
7. Do you own a house, Yes  No  or mobile home? Yes  No

### Income Information:

#### Applicant

1. Name of Current Employer \_\_\_\_\_ Hire Date \_\_\_\_\_  
 Permanent Position? Yes  No  Job Title \_\_\_\_\_  
 Rate of Pay \$ \_\_\_\_\_ Hours per Week Worked \_\_\_\_\_  
 Tips, bonuses, commissions \$ \_\_\_\_\_ frequency \_\_\_\_\_
2. Name of Previous Employer \_\_\_\_\_  
 Dates of Employment: began \_\_\_\_\_ ended \_\_\_\_\_

Co-Applicant

- 1. Name of Employer \_\_\_\_\_ Hire Date \_\_\_\_\_  
 Permanent Position? Yes  No  Job Title \_\_\_\_\_  
 Rate of Pay \$ \_\_\_\_\_ Hours per Week Worked \_\_\_\_\_  
 Tips, bonuses, commissions \$ \_\_\_\_\_ frequency \_\_\_\_\_
- 2. Name of Previous Employer \_\_\_\_\_  
 Dates of Employment: began \_\_\_\_\_ ended \_\_\_\_\_

Additional Income Information:

- 1. Does anyone in the home receive Social Security? Yes  No   
 Monthly Amount: \$ \_\_\_\_\_
- 2. Did you receive Earned Income Credit when you filed your taxes last year? Yes  No   
 Amount: \$ \_\_\_\_\_
- 3. Do you receive food stamps? Yes  No  Monthly Amount: \$ \_\_\_\_\_
- 4. Does either applicant receive child support? Yes  No  Monthly Amount: \$ \_\_\_\_\_
- 5. Has either applicant received unemployment in the last year? Yes  No  If so who?  
 \_\_\_\_\_ Amount: \$ \_\_\_\_\_
- 6. List any assets you have including: checking; savings; CD/money market;  
 retirement/pension plan; whole life insurance, etc.

Account	Balance/Value
_____	\$ _____
_____	\$ _____
_____	\$ _____

Credit History:

- 1. Have either the applicant or the co-applicant had a bankruptcy? Yes  No  If yes,  
 please give the date of discharge? \_\_\_\_\_
- 2. Does either the applicant or co-applicant have unpaid judgments, Yes  No  or  
 unpaid collections? Yes  No
- 3. If so, please include a brief summary of the situation and date of occurrence:

\_\_\_\_\_  
 \_\_\_\_\_

**Financial Obligations:**

1. Does either applicant pay child support? Yes  No  Amount: \$ \_\_\_\_\_
2. How much do you pay in rent each month? \$ \_\_\_\_\_
3. How much do you pay in utilities monthly? \$ \_\_\_\_\_

Outline present monthly payments of debts, such as auto loans, credit cards, medical bills, or other loans you are obligated to make. (Do not include rent, food, or utilities.) If you pay for child care while you are at work, please include the family portion amount in your monthly payments.

Creditor	Monthly Payment	Balance Remaining
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

**How did you hear about EICAP's Mutual Self-Housing? (Check all that Apply)**

- Flyer: Store Name \_\_\_\_\_     Radio     TV  
 Brochure     Family/Friend     Staff Member     Mailing  
 Agency Referral    Other: Explain \_\_\_\_\_

**STATEMENT OF COMMITMENT**

1. The Self Help Program requires that each household work 30 hours per week on home construction. Can you realistically work a minimum of 30 hours per week, per family unit?  
Yes  No
2. In the Self-Help Program, you not only work on your own home, but on homes belonging to others in the group, and they work on yours. Are you willing to work to complete all the homes in your group? Yes  No
3. Are you able to do light construction work? Yes  No
4. Do you have transportation to get to and from the construction site? Yes  No
5. Are you able to provide consistent child care for your children while building your home?  
Yes  No

**Applicant's Initials** \_\_\_\_\_ **Date** \_\_\_\_\_

**Co-Applicant's Initials** \_\_\_\_\_ **Date** \_\_\_\_\_

## APPLICANT'S CERTIFICATION

Please read each item below carefully before you sign.

1. I hereby certify that the information provided in this application is correct to the best of my knowledge.
2. I understand that this is a preliminary application and is subject to acceptance or rejection. Additional information and verifications will be necessary to complete the application process.
3. I hereby give EICAP authorization to verify the information in this application.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Co-Applicant's Signature

\_\_\_\_\_

Date



### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Qualified       Not Qualified      Notification sent: \_\_\_\_\_

Reviewed by: \_\_\_\_\_