

👉 TO BE INCLUDED WITH THIS APPLICATION: 👈

1. Current pay stubs from ALL household income showing one month's current earnings as well as award letters for any assistance programs you are involved with
2. Copies of the last 2 years Federal Income Tax returns (including W-2's and all attachments). Individuals who do not have copies should obtain them by writing to the IRS.
3. We will need to order a credit report, which you will need to pay for. Please call the office for the required amount.
4. Immigration status, if applicable (copy of Alien registration card).
5. Be sure to sign and date this form.
6. Please call the office (360-398-0223) prior to bringing in your application to make sure someone will be there!

WHATCOM-SKAGIT HOUSING

1971 Midway Lane, Suite C
BELLINGHAM WA 98226

Phone: (360) 398-0223 or (888) 360-0223

PRE-APPLICATION

Applicant:

Co-Applicant:

Name: _____

Name: _____

Social Security Number: _____

Social Security Number: _____

Date of Birth: _____

Date of Birth: _____

U.S. Citizen? Yes: ___ No: ___

U.S. Citizen? Yes: ___ No: ___

If no, what is your residency status?

If no, what is your residency status?

Are you:

Married Separated (please provide legal documents)

Unmarried; **please circle one of the following**
single, divorced, widowed

If divorced please provide a copy of your Divorce decree and all and all accompanying documents.

Are you:

Married Separated (please provide legal documents)

Unmarried; **please circle one of the following**
single, divorced, widowed

If divorced please provide a copy of your Divorce decree accompanying documents.

Present Address: Own Rent How Long? _____

Present Address: Own Rent How Long? _____

Current Address: _____

Current Address: _____

City/State/Zip: _____

City/State/Zip: _____

Home Phone: _____ Cell: _____

Home Phone: _____ Cell: _____

E-Mail Address: _____

E-Mail Address: _____

Mailing address if different from above: _____

Mailing address if different from above: _____

IF AT ABOVE ADDRESS LESS THAN 2 YEARS

Previous Address: _____

Previous Address: _____

City/State/Zip: _____

City/State/Zip: _____

List all children and other members of your household that will be living with you in the home.

Excluding applicant and co-applicant.

NAME

AGE

NAME

AGE

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

APPLICANT:

Present Employer: _____

(If self-employed you will need to provide a YTD Profit & Loss)

Address: _____

City/State/Zip: _____

Phone #: _____

Date Hired: _____

Hourly Rate or Monthly income _____

Hours Per Week: _____

Position: _____

Seasonal Work: Yes _____ No: _____

CO-APPLICANT:

Present Employer: _____

(If self-employed you will need to provide a YTD Profit & Loss)

Address: _____

City/State/Zip: _____

Phone #: _____

Date Hired: _____

Hourly Rate or Monthly income: _____

Hours Per Week: _____

Position: _____

Seasonal Work: Yes _____ No: _____

If employment is less than two years:

Previous Employer: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Date Hired: _____

Hourly Rate: _____

Hours Per Week: _____

Position: _____

Seasonal Work: Yes _____ No: _____

Previous Employer: _____

Address: _____

City/State/Zip: _____

Phone #: _____

Date Hired: _____

Hourly Rate: _____

Hours Per Week: _____

Position: _____

Seasonal Work: Yes _____ No: _____

Do you receive any other income: Yes: _____ No: _____

(Include Commission, tips, child support, Bonus, Social Security, Unemployment, D.S.H.S., V.A benefits, Section 8 assistance, child tax credit or other)

If yes, how much per month? _____

Source of Income: _____

List OUTSTANDING DEBTS, including installment debts, school loans, automobile loans revolving charge accounts, child support, alimony, etc.

<u>CREDITOR:</u>	<u>MONTHLY PAYMENT:</u>	<u>BALANCE OWING:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE ANSWER THE FOLLOWING QUESTION (CIRCLE YES OR NO) AND FILL IN INFORMATION IF APPLICABLE):

- | | | |
|--|-----|----|
| 1. Do you presently rent?
Payment Amount: _____ | Yes | No |
| 2. Do you own any real property or manufactured home?
If yes what is the value: _____ | Yes | No |
| 3. Is your current housing substandard?
(Is your current housing poor quality or have inferior electrical, plumbing or heating) | Yes | No |
| 4. Has applicant or co-applicant ever filed bankruptcy?
Discharge Date? _____ | Yes | No |

If yes, please include copies of all documents relating to the bankruptcy

- | | | |
|--|-----|----|
| 5. Does applicant or co-applicant have any Tax Liens or Civil Judgments filed against them? | Yes | No |
| 6. Has Applicant or Co-applicant had any collections?
Dates paid: _____ | Yes | No |
| 7. Do you have cash or assets (other than your car) over \$15,000.00 or \$20,000.00 if 62 and over?
Please List: _____ | Yes | No |
| 8. List all Checking and/or Savings account current balances:
Checking: _____ Savings: _____ Checking: _____ Savings: _____
Checking: _____ Savings: _____ Checking: _____ Savings: _____ | | |

- | | | |
|--|-----|----|
| 9. Do you have reliable transportation to and from the job site? | Yes | No |
| 10. Are you physically able to do light construction work? | Yes | No |
| 11. Are you able to arrange for consistent childcare for your children during the construction of your home?
Per Washington State Law Children under the age of 16 are not allowed on the job site: | Yes | No |
| 12. Can you realistically work a minimum of 35 hours per week to build your home as well as the other homes in your building group? | Yes | No |
| 12. Would your family have a problem living in a two story house? | Yes | No |
| 13. How did you hear about our program? _____
_____ | | |

14. Are there any additional circumstances or information you think we should know about?
Please explain: _____

I/We authorize Whatcom-Skagit Housing to check my/our credit through their credit-reporting agency.

I/We understand that all information provided herein is private and confidential and is for program use only.

The above information, along with any other information provided by me/us is warranted to be true and complete to the best of my/our knowledge and belief.

BY: _____
Applicant's Signature

BY: _____
Co-Applicant's Signature

Date: _____

Date: _____

"The following information is requested by the Federal Government in order to monitor compliance with Federal Law prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of the individual application on the basis of visual observation or surname."

APPLICANT

- American Indian or Alaska Native
- Black, or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- Pacific Islander
- White
- Other (specify) _____
- I do not wish to furnish this information

Gender: Male Female

CO-APPLICANT

- American Indian or Alaska Native
- Black, or African American
- Hispanic or Latino
 - Native Hawaiian or Other Pacific Islander
 - Pacific Islander
- White
- Other (specify) _____
- I do not wish to furnish this information

Gender: Male Female

THIS SECTION FOR W.S.H. USE:

Received Credit Report Fee of: \$ _____
 Check Cash

Date Application Received: _____



This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html or call 866-632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at US Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue SW, Washington, DC 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.