

Co-Applicant's PRESENT Employer or Self-employed Position Pay Rate/Gross Monthly Hourly Wage Hrs per Week

Employer Address Phone # Start Date Yrs on this job Yrs in this line of work

Co-Applicant's PAST Employer or Self-employed Position Pay Rate/Gross Monthly Hourly Wage Hrs per Week

Employer Address Phone # Dates (from – to) Yrs on this job

Additional Source(s) of Monthly Income:

\$ _____ Child Support
 \$ _____ DSHS
 \$ _____ Social Security
 \$ _____ Disability
 \$ _____ L & I
 \$ _____ Retirement
 \$ _____ Other

Monthly Expenses and Assets: Please complete only the boxes that apply

<input type="checkbox"/> Rent you pay landlord \$ _____		<input type="checkbox"/> Rent you pay living with family \$ _____		<input type="checkbox"/> I split rent, my share is \$ _____		<input type="checkbox"/> I receive rental assistance in the amount of \$ _____		<input type="checkbox"/> I do not pay rent	
<input type="checkbox"/> Monthly Child Care \$ _____		<input type="checkbox"/> Child Support (paid) \$ _____		<input type="checkbox"/> Monthly Utilities \$ _____		<input type="checkbox"/> Medical \$ _____		<input type="checkbox"/> Insurance (Home & Car) \$ _____	
Debts owed to whom. Please include any outstanding collections (attach extra page if needed)	Balance Due	Minimum monthly payment due	Type of Debt (auto, credit card, student loans, collection, medical, etc)						
Estimated Value Of Assets:	Auto 1 \$ _____	Auto 2 \$ _____	Checking Account(s) \$ _____	Savings Account(s) \$ _____	Retirement \$ _____	Other: _____			
Name and address of Bank, S&L, or Credit Union:									
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HOMEOWNERSHIP STATEMENT - Please check all the boxes that are applicable and initial where indicated

I (We), the undersigned applicant(s):

I (we) do not currently own a home. Do you own a home now? Yes No
Initial here: _____

I (we) agree to perform the assigned Self-Help tasks in a timely manner. For example: painting the interior of the home, landscaping your yard, and construction clean-up of the home and yard.

Reasonable accommodations are available for the elderly or disabled.
Are you willing to complete the self-help tasks as assigned? Yes No
Is there anything that might keep you from completing the assigned tasks? Yes No
Initial here: _____

I (we) intend to occupy the home as my (our) primary residence and abide by all the terms and conditions set forth in the loan documents (lender and CAC). Yes No
Initial here: _____

I (we) will provide 1.5% of the purchase price to be used for earnest money and closing costs. When you sign the purchase agreement, you will pay \$500 earnest money. Remaining balance is due before loan closing and can be made in payments. (Lot 7 & 10 is \$2,827.50 and Lot 8 & 9 is \$2,842.50)
 Yes No, if no please explain: _____ Initial here: _____

AGREEMENT, AUTHORIZATION, AND CERTIFICATION (Read Carefully):

The undersigned submits the foregoing statements and information, both written and printed, and including supplemental statements as being a full, true, and correct statement of his/her financial condition on the date stated. Making a false or knowingly inaccurate statement on this financial application is punishable under State and Federal law with a prison term and/or substantial fine. The undersigned agrees to notify the CAC Self-help Program in writing of any material change in his/her financial condition.

Waiver of Confidentiality: I/we hereby waive my/our right of confidentiality to personal, financial, and other information so that my/our application may be evaluated by Community Action Center Self-Help Program and other interested parties (funding agencies), participating mortgage lenders (Academy Mortgage or designated company). Information for eligibility may be obtained from various sources such as all income sources, past and present landlords, social service agencies, credit reports, and public records. The undersigned authorizes the CAC Self-Help Program/Mortgage Lender to verify the information through securing credit reports, title reports, employer reports, landlord reports, benefit reports, etc. I/we authorize the sharing of my/our application and financial information with the mortgage lender, and the mortgage lender to share my/our application, financial, and mortgage information with the Community Action Center Self-Help Program.

Photocopies of this authorization may be used for these purposes.

Applicant's Signature Date Co-Applicant's Signature Date

VOLUNTARY INFORMATION: The information requested below is to assure that federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex familial status, age, and handicap are being complied with. You are not required to furnish this information, but are encouraged to do so. If you do not furnish this information we are required to note race/national origin and sex on the basis of visual observation or surname. This information will not be used in evaluating your application or to discriminate against you in any way.

APPLICANT: <input type="checkbox"/> I do not wish to furnish this information	CO-APPLICANT: <input type="checkbox"/> I do not wish to furnish this information
Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African Amer <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Asian & White <input type="checkbox"/> Am. Indian or Alaska Native & White <input type="checkbox"/> Am. Indian or Alaska Native & Black <input type="checkbox"/> Black or African American & White <input type="checkbox"/> Other Multi-Racial	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African Amer <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Asian & White <input type="checkbox"/> Am. Indian or Alaska Native & White <input type="checkbox"/> Am. Indian or Alaska Native & Black <input type="checkbox"/> Black or African American & White <input type="checkbox"/> Other Multi-Racial
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male

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Return your completed application by mail or deliver to: Community Action Center
Or scan & email to: sandym@cacwhitman.com 350 SE Fairmont Road
Or FAX to: (509) 334-9105- Attention: Sandy Pullman, WA 99163

If you have any questions about your rights, or if you wish to file a complaint, contact the Housing Program Manager of the Community Action Center at (509) 334-9147, or the Washington Human Rights Commission at 1-800-662-2755 or (509) 456-4473, located at 905 W. Riverside-Suite 416, Spokane, Washington 99201.

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LIST OF DOCUMENTS TO INCLUDE WITH YOUR PRE-APPLICATION

Congratulations on taking the first steps towards purchasing your new home!

We are working with Academy Mortgage to provide the first mortgage on your home. They will work with you to find the right loan program for you. If you prefer to use another lending institution, please complete the information below:

Company: _____
Name of Loan Officer: _____
Address: _____
City, State, Zip Code: _____
Telephone #: _____
Email (if known): _____

In order for us to process your pre-qualification application, please provide the following items WITH YOUR PRE-APPLICATION:

- PAYSTUBS/STATEMENTS** for the last 2 months (consecutive months)
- TAX RETURNS** for the last 2 years (Federal and State), include:
 - ALL SCHEDULES (Personal and Business)
 - W2's and/or 1099's
 - If you do not file taxes, provide a written explanation why taxes were not filed

If your income and credit qualifies, you will be asked to provide the following items to the lender:

- BANK, AND/OR BROKERAGE/INVESTMENT STATEMENTS** for the last 2 months (must include all pages). Web only printouts are not acceptable. Statements must include Your Name, Account Number, and Name of Bank/Institution

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If you have any questions regarding the program or information requested, please contact me or Dale Miller at (509) 334-9147 or toll free at 1-800-482-3991, or email: sandym@cacwhitman.com or dalem@cacwhitman.com.

I'm looking forward to receiving your pre-application!

**Sandy Martinez
Self-Help Homes Coordinator**