



**Community Action Center - Pre-Qualification Application:  
SELF-HELP PROGRAM  COLFAX or  PALOUSE**

For office use only:  
Date Received: \_\_\_\_\_

*It is very important that you answer all of the questions to the best of your ability; we cannot process an incomplete application.*

How did you hear about our program?  Radio station: \_\_\_\_\_  Newspaper: \_\_\_\_\_  Flyer at: \_\_\_\_\_  Friend  
 Other: \_\_\_\_\_ How soon would you like to purchase?  Within 60 days  Within 6 months  Within 1 year  \_\_\_\_\_

Applicant: \_\_\_\_\_  
Name (please print) Social Security # Birthdate

Co-Applicant: \_\_\_\_\_  
Name (please print) Social Security # Birthdate

Address: \_\_\_\_\_  
Street City State Zip

# of Years: \_\_\_\_\_ Mailing address, if different: \_\_\_\_\_

Contact Info: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

List all household members and their age (example Susie, 10 yrs old): \_\_\_\_\_

**Applicant's & Co-Applicant's Employment and Income Sources:**

Applicant's Employer	Position	Start Date	Hourly Wage	Hrs per Week
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Co-Applicant's Employer	Position	Start Date	Hourly Wage	Hrs per Week
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**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 are applicable**

<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 \$ _____	<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	Please make any note pertaining to your credit in the rows below		
Estimated Value of Assets: Auto 1 \$ _____	Auto 2 \$ _____	Checking Account(s) \$ _____	Savings Account(s) \$ _____	Retirement \$ _____	Other \$ _____

**HOMEOWNERSHIP STATEMENT: (Please check the box that best describes your circumstance)**

- I (We), the undersigned applicant(s), have not owned a home, and no members of my household have owned a home, within the last three (3) years, excluding a mobile/manufactured home located on a rented lot or property. Please initial here \_\_\_\_\_.
- I (We), the undersigned applicant(s), agrees that if accepted into the Self-help Program, my household will contribute a minimum of 20 to 30 hours of labor per week throughout the course of construction, performing assigned tasks in a timely manner according to Program standards. Volunteers may be used to help with some of the time requirements. Is there anything that might keep you from contributing the minimum hours of labor, per week, building a home?  Yes  No Please initial here \_\_\_\_\_.
- If selected, 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. Please 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. The undersigned also authorizes the CAC Self-help Program to verify the information through securing credit reports, title reports, employer reports, landlord reports, benefit reports, etc. **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.

<p><b>APPLICANT:</b> <input type="checkbox"/> I do not wish to furnish this information</p> <p><b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino</p> <p><b>Race:</b> <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Caucasian</p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male</p>	<p><b>CO-APPLICANT:</b> <input type="checkbox"/> I do not wish to furnish this information</p> <p><b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino</p> <p><b>Race:</b> <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Caucasian</p> <p>Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male</p>
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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.