

Thank you for your interest in the **“Fleming Court Homes”** located in the Hauser addition in Colfax.

Since only four (4) homes are available in this phase of the Self-help Program, you are encouraged to return your completed pre-application as soon as possible. Applicants will be served on a first-come, first-served basis.

Included in this packet:

- Pre-Qualification Application – It is very important that you answer all of the questions to the best of your ability and sign the form.
- Authorization and Confidentiality Form

**Complete and return** the following so we can determine if you might qualify for the Fleming Court Homes:

- Pre-Qualification Application – Make sure to sign the completed form
- Authorization and Confidentiality Form – Complete and sign the form
- Copies of your income sources for two pay periods (paycheck stubs, benefit statement, etc)
- Income Tax Reports for the past two (2) years OR a written explanation why taxes were not filed. Be sure to include W-2’s and schedules for each tax return.

To qualify for our program, you will need to attend a Homebuyer Education seminar. Our next class is scheduled for \_\_\_\_\_. You must pre-register to attend and there is a refundable \$10.00 fee to hold your space in the class. Please call 334-9147 or 1-800-482-3991 to register.

Our goal is to complete your preliminary review within 14 days of receiving all of the requested information. We will send you a letter at that time asking you to complete a full application and inform you of any additional information needed.

If you have any questions regarding the program or information requested, please call me at (509) 334-9147 or toll free at 1-800-482-3991.

Sincerely,

Betty Thompson  
Home Ownership Program Coordinator



**Community Action Center**  
**Pre-Qualification Application for Fleming Court**  
**Homes**

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

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

How did you hear about our program? \_\_\_\_\_  
 \_\_\_\_\_

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: H) \_\_\_\_\_ W) \_\_\_\_\_ 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 Hours  
 per Week

\_\_\_\_\_  
 Co-Applicant's Employer Position Start Date Hourly Wage Hours  
 per Week

**Additional Source(s) of Monthly Income:**

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

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

**MONTHLY EXPENSES & ASSETS:** Please complete only the boxes that are applicable

Rent you pay landlord not \$ rent	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 pay
Monthly Child Care & Car)	Child Support \$	Monthly Utilities \$	Medical \$	Insurance (Home \$
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 \$	Savings Account \$	Retirement \$	Other \$

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 \_\_\_\_\_

Should you be placed on the Self-Help Program waiting list, it is YOUR responsibility to keep the Self-Help Program updated of any address or telephone number changes.

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.

\_\_\_\_\_  
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:**  I do not wish to furnish this information

**CO-APPLICANT:**  I do not wish to furnish this information

<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Caucasian	<b>Race:</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Caucasian
<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male

Questions: Call (509) 334-9147 or 1-800-482-3991 Return completed application to: Community Action Center – 350 SE Fairmont Road – Pullman, WA 99163 6/20/08

**APPLICANT’S/BORROWER’S AUTHORIZATION:**

I/we hereby authorize Community Action Center (CAC) Self-Help Program to verify my/our past and present employment earnings records, other income sources, tax returns, bank accounts, retirement accounts, and any other asset balances needed to consider my/our mortgage application. I/we further authorize CAC to order a credit report and verify other credit information, including past and present landlord references.

It is understood that a photocopy of this form will also serve as authorization.

The information obtained by the Community Action Center Self-Help Program is only to be used in the processing of my/our application for a mortgage loan.

**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 including participating mortgage lenders. Information for eligibility may be obtained from various sources such as all income sources, past and present landlords, social service agencies, and public records. 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 and financial information with the Community Action Center Self-Help Program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Birth