

Kitsap County Consolidated Housing Authority
Mutual Self-Help Housing Program Application



This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed With the Administrator, RHCDS, USDA Washington, DC 20250-0700.

An incomplete application may result in you not being placed on the Waitlist. It is very important that you answer all of the questions below to the best of your ability.

Please check the area(s) where you would consider living:

Kitsap _____ Jefferson _____ Mason _____

Applicant Name		Home Phone	Work Phone	Cell Phone			
Mailing Address		City	Zip	Email address			
Employer	Position	How Long	Hourly Pay	Hours per Week			
Co-Applicant Name		Home Phone	Work Phone	Cell Phone			
Employer	Position	How Long	Hourly Pay	Hours per Week			
Additional source(s) of income	Child Support	DSHS	Social Security	Disability	L&I	Retirement	Other
\$	\$	\$	\$	\$	\$	\$	\$
# of children living with you: Ages: # of adults who will live in the new house:	<i>Please complete only the boxes that are applicable</i>						
	Monthly Childcare Expense	\$	Section 8 Assistance	\$			
	Rent you pay landlord	\$	Other Public Housing	\$			
	Rent you pay living with family	\$	I split rent, my share is \$		I do not pay rent	<input type="checkbox"/>	
Estimated Value of Assets	auto 1	auto 2	checking acct	savings acct	retirement acct	other	
\$	\$	\$	\$	\$	\$	\$	
Are you willing to contribute a minimum of 30 hours of labor, per week, building a home? YES <input type="checkbox"/> NO <input type="checkbox"/> Volunteers may be used to help with some of the time requirement Is there anything that might keep you from contributing 30 hours of labor, per week, building a home? YES <input type="checkbox"/> NO <input type="checkbox"/> Being unable to contribute required hours does not make you ineligible for the program, but you will need someone who will be responsible for your required hours							

You should receive a letter confirming that you have been placed on the Waitlist. If you do not receive a letter within 45 days of your application please contact us at 360-535-6139. **IT IS YOUR RESPONSIBILITY TO KEEP US INFORMED OF ANY ADDRESS OR TELEPHONE NUMBER CHANGES WHILE YOU ARE ON THE WAITING LIST.**

I certify that the above information is true and correct to the best of my knowledge.

Applicant Signature _____ Date _____ Co-Applicant Signature _____ Date _____

SOCIAL SECURITY NUMBER _____ **SOCIAL SECURITY NUMBER** _____

DATE OF BIRTH _____ **DATE OF BIRTH** _____

The following information is requested by the Federal Government in order to monitor our compliance with Federal Laws to help ensure that we do not discriminate against you based on your ethnicity, race, or gender. You are not required to provide this information, but if you choose not to we are required by law to make our best guess, based on our visual observation or your surname.

BORROWER <input type="checkbox"/> I do not wish to furnish this information		CO-BORROWER <input type="checkbox"/> I do not wish to furnish this information	
Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White		Race: <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"/> White	
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	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
How did you hear about us? <input type="checkbox"/> Friend <input type="checkbox"/> Self-Help Owner <input type="checkbox"/> Website <input type="checkbox"/> Other Agency <input type="checkbox"/> Self-Help Flyer/Brochure <input type="checkbox"/> Employer <input type="checkbox"/> Community Outreach Event <input type="checkbox"/> Vehicle Sign <input type="checkbox"/> Sign at Self-Help Property <input type="checkbox"/> Newspaper <input type="checkbox"/> Other _____			

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Debts owed to whom. Please include any outstanding collections.	Balance due	Minimum monthly payment due	Please make any notes pertaining to your credit in the rows below.

CREDIT AUTHORIZATION

I/We hereby authorize Kitsap County Consolidated Housing Authority (KCCHA) to verify my/our past and present employment earnings records, bank accounts, retirement accounts and other asset balances needed to process my/our mortgage application. I/We further authorize KCCHA 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 KCCHA is only to be used in the processing of my/our application for a mortgage loan.

Please write above each label

Date

Date

Applicant signature

Co-Applicant signature

Applicant printed name

Co-Applicant printed name

Mail completed application to:
Kitsap County Consolidated Housing Authority
ATTN: Self-Help Coordinator
9307 Bayshore Drive NW
Silverdale, WA 98383
Toll free phone number: 800-693-7070 ext. 6139
Local phone number: 360-535-6139

Or fax application to:
KCCHA
ATTN: Self-Help Coordinator
Fax number: 360-535-6169