

South Central Community Action Partnership

“Building Bridges Toward Self-Sufficiency”

550 Washington St. South, P.O. Box 531, Twin Falls, ID 83303-0531

Phone (208) 733-9351 - Fax (208) 733-9355

Helping People • Changing Lives

Thank you for requesting an application packet. We are excited about our program and all that it offers and want you to become part of Self-Help Program in this area. Enclosed you will find information about South Central Community Action Partnership and the Self-Help Program. A chart inside the brochure outlines income qualifications. After reading the enclosed information and deciding you want to be involved with building your own home, please:

1. Fill out and return the Pre-Screening form.
2. Complete an Authorization to release information form for **EACH** member of your household over 18.
3. Please bring a copy of the last 30 days of paystubs for all household members.
4. Enclose a check or money order for \$30 for each applicant, or \$60 per couple **only if last names are different** made out to South Central Community Action Partnership to cover a tri-merge credit report.

This packet will answer most of your questions. We are now accepting applications for the smaller towns surrounding the Twin Falls area. If you have any other questions, any of our staff would be happy to answer them for you. You can call me at (208) 733-9351 Ext. 1015 or toll free at 1-800-627-1733.

Welcome!

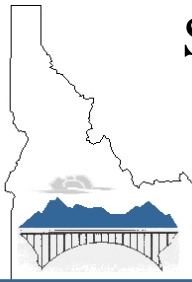
Jill Sprinkle
Self-Help Administrator
jill@sccap-id.org



Pre-Screening Form



“SCCAP is an equal opportunity provider and employer.”
(800) 377-1363 (voice) • (800) 377-3529 (TTY, ASCII)



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Tell us about yourself:

Date: _____

Applicant Name				Co-Applicant Name			
Address:				Address:			
City:		State:		Zip:		City:	
Length of Occupancy:						Length of Occupancy:	
Social Security #:				Social Security #:			
Date of Birth:				Date of Birth:			
Home Phone #:				Home Phone #:			
Work Phone #:				Work Phone #:			
Best time to reach you by phone:				Best time to reach you by phone:			
Citizenship – Please circle one:				Citizenship – Please circle one:			
U.S. Citizen		Permanent Resident		Non-Resident		U.S. Citizen	
Marital Status – Please circle one:				Marital Status – Please circle one:			
Married		Separated		Unmarried		Divorced	

Tell us about your current living situation:

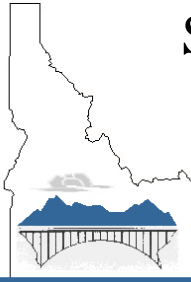
Names and ages of all children in household:				Names and ages of all children in household:			
Name		Age	Social Security #	Date of Birth		Name	
Please circle one:				Please circle one:			
Rent		Own		Rent		Own	
Amount:				Amount:			
Current Landlord Information:				Current Landlord Information:			
Address:				Address:			
City:		State:		Zip:		City:	
Phone #:						Phone #:	

What general locations are you interested in building in? _____

Previous Landlord Information * up to two year | **Previous Landlord Information * up to two year**



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history Address: City: State: Zip: Phone #: Length of Occupancy:	history Address: City: State: Zip: Phone #: Length of Occupancy:
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Employment Information:

Applicant - Current	Co-Applicant - Current
Name of Employer:	Name of Employer:
Type of Work:	Type of Work:
Date Employment Began:	Date Employment Began:
Rate of Pay:	Rate of Pay:
Hours Worked per Week:	Hours Worked per Week:
Anticipated Annual Income for next 12 months:	Anticipated Annual Income for next 12 months:

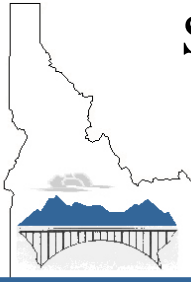
Applicant – Past- enter last two years	Co-Applicant – Past- enter last two years
Name of Employer:	Name of Employer:
Type of Work:	Type of Work:
Date Employment Began/Ended: Began: Ended:	Date Employment Began/Ended: Began: Ended:
Rate of Pay:	Rate of Pay:
Hours Worked per Week:	Hours Worked per Week:
Anticipated Annual Income for next 12 months: (if still employed)	Anticipated Annual Income for next 12 months: (if still employed)

Other Income Information:

Do you receive Social Security? Amount:	Do you receive Social Security? Amount:
Do you receive Child Support? Amount:	Do you receive Child Support? Amount:
Any other regular income? (Food stamps, public assistance, etc.) Amount:	Any other regular income? (Food stamps, public assistance, etc.) Amount:



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Where did you hear about SCCAP?

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Magazine
<input type="checkbox"/> Flyer ~ Where? _____	<input type="checkbox"/> TV
<input type="checkbox"/> Door Hanger	<input type="checkbox"/> Radio
<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____
<input type="checkbox"/> Website	

Whom may we thank for referring you?

Credit History:

Applicant	Co-Applicant
Have you had a bankruptcy? When?	Have you had a bankruptcy? When?
Do you have a judgment against you? When?	Do you have a judgment against you? When?
Do you have any outstanding collections?	Do you have any outstanding collections?

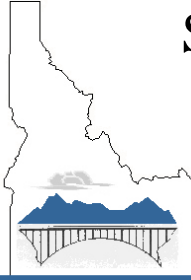
Financial Obligations: (Please include Child Care and/or Medical Expenses)

Creditor	Monthly Payment	Balance Remaining

*Please add additional sheets of paper if necessary.



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Statement of Commitment:

Please check your answer to the following questions	Yes	No
Each household is required to work 35 hours a week. Can you realistically work a minimum of 35 hours a week? (Family and friends may help)		
Each household works on all homes in the group. Are you willing to work to complete all homes in your group? (8-10 homes per group)		
Are you physically able to do light construction work?		
Do you have reliable transportation to get to and from the construction site?		

Please return completed pre-screening form and \$30.00 processing fee to:

South Central Community Action Partnership

P.O. Box 531

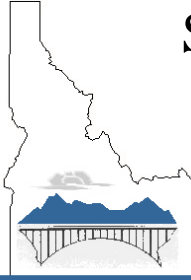
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Twin Falls ID 83303

If you have any questions, please call: (208) 733-9351 or toll free 1-800-627-1733



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Information for government monitoring purposes (optional):

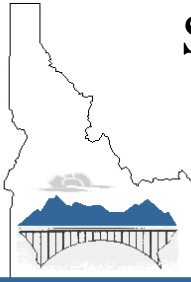
*The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender’s compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may discriminate neither on the basis of this information, nor on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the lender is subject under applicable state law for the particular type of loan applied for.)

PLEASE CHECK OR CIRCLE YOUR ANSWERS

<u>Applicant</u>	I do not wish to furnish this information		<u>Co-Applicant</u>	I do not wish to furnish this information	
<u>Ethnicity</u>	Hispanic or Latino	Not Hispanic or Latino	<u>Ethnicity</u>	Hispanic or Latino	Not Hispanic or Latino
<u>Race</u>	American Indian or Alaska Native	Asian	<u>Race</u>	American Indian or Alaska Native	Asian
Native Hawaiian or other Pacific Islander	Black or African American	White	Native Hawaiian or other Pacific Islander	Black or African American	White



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AUTHORIZATION TO RELEASE INFORMATION

I have applied for South Central Community Action Partnership’s (SCCAP) Self-Help Housing program. As part of the process in considering me for this program, SCCAP may verify information contained in my request for assistance and in other documents required in connection with the request.

I authorize SCCAP to order a consumer credit report and verify other credit information.

I authorize SCCAP to work with a lending institution to help me secure permanent financing.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., SCCAP is authorized to access my financial records held by financial institutions in connections with the consideration or administration of assistance to me. I also understand that financial records involving my loan and loan application will be available to SCCAP without further notice or authorization, but will not be disclosed to released by SCCAP to another agency or department or used for another purpose without my consent except as required or permitted by law.

This authorization is valid for the life of the loan.

A copy of the authorization may be accepted as an original.

Your prompt reply is appreciated.

_____	_____	_____	_____
Applicant Signature	Date	Co-Applicant Signature	Date
_____		_____	
SCCAP Staff Signature	Date		



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