

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

Dear Applicant,

We are excited about our Self-Help Housing program and all that it offers, and we hope it's a good fit for you. 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 if you want to be involved with building your own home, please:

1. Fill out and return the Pre-Screening Application.
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 a single applicant or a married couple (if co-applicant is not a spouse, add an additional \$30) made out to South Central Community Action Partnership to cover a Tri-Merge credit report that we will provide to you.
 - A. This credit report is used to pre-screen your eligibility for the program.
 - B. If you are unable to pay for a Tri-Merge credit report provided by SCCAP, you may obtain one free credit report annually that is not a hard credit inquiry and will not lower your credit score, at annualcreditreport.com. A credit score is not provided, but the details needed for the pre-screening are. You must provide a report from all three credit agencies.

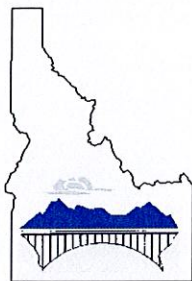
This packet will answer most of your questions. We are now accepting applications for the smaller towns surrounding the Twin Falls area. If you have additional questions, any of our staff would be happy to answer them for you. You can also call me at (208) 733-9351 Ext. 1015 or toll free at 1-800-627-1733.

Welcome!

Jenny Vega
Self Help Housing Coordinator
jennyg@sccap-id.org



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



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Prescreen Application

Date: _____

Applicant Name:	Phone Number:
Email: Social Security #: Date Of Birth:	Do you rent or own? Monthly Payment:
Current Address	Previous Address <i>*up to two year history:</i>
Landlord Phone #: Length of Occupancy:	Landlord Phone #: Length of Occupancy:
Current Employer: Date Employment Began: Rate of Pay: Hours Worked Per Week: Anticipated Annual Income for next 12 months:	Previous Employer <i>*two year employment history or explanation of gap in employment:</i> Employment Start/End Dates: Rate of Pay: Hours Worked Per Week:
Do you receive Social Security? Food Stamps? Amount: Amount:	Do you receive Child Support? Other income? Amount:
Citizenship – Please circle one: U.S. Citizen Permanent Resident Non-Resident	Marital Status – Please circle one: Married Separated Unmarried Divorced

Co-Applicant Name:	Phone Number:
Email: Social Security #: Date Of Birth:	Do you rent or own? Monthly Payment:
Current Address:	Previous Address <i>*up to two year history</i>
Landlord Phone #: Length of Occupancy:	Landlord Phone #: Length of Occupancy:
Current Employer: Type of Work: Date Employment Began: Rate of Pay: Hours Worked Per Week: Anticipated Annual Income for next 12 months:	Previous Employer <i>*two year employment history or explanation of gap in employment:</i> Type of Work: Employment Start/End Dates: Rate of Pay: Hours Worked Per Week:
Do you receive Social Security? Food Stamps? Amount: Amount:	Do you receive Child Support? Other income? Amount:
Citizenship – Please circle one: U.S. Citizen Permanent Resident Non-Resident	Marital Status – Please circle one: Married Separated Unmarried Divorced



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Please list five places, in order of preference, where you would like to build. Some options are – Kimberly, Filer, Jerome, Hansen, Buhl, Hagerman, Shoshone, Burley, Rupert, Wendell, & Gooding. (Your answers help us to know where we should be purchasing land for you to build).

1. _____ 2. _____ 3. _____
4. _____ 5. _____

Names of Children in Household	Age	Birthdate	Full-Time Student?

Financial Obligations: (Includes Child Care, Child Support, Car Payment, Credit Cards, Student Loans and Medical Expenses. You do not need to include rent, utilities, insurance, cable, or phone.)

Creditor	Minimum 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 for 10 to 12 months. 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

550 Washington St. South

Twin Falls ID 83303

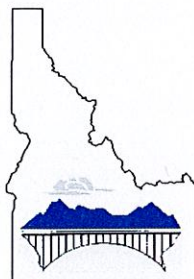
If you have any questions, please call: (208) 733-9351 or toll free 1-800-627-1733



Where did you hear about SCCAP?

- | | |
|---|--------------------------------------|
| ☐ Newspaper | ☐ Magazine |
| ☐ Flyer ~ Where? _____ | ☐ TV |
| ☐ Door Hanger | ☐ Radio |
| ☐ Friend | ☐ Other _____ |
| ☐ Website | |

Whom may we thank for referring you?



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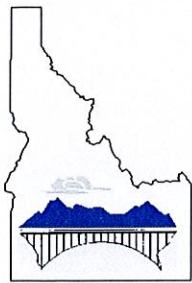
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Information for government monitoring purposes (optional):

*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	Caucasian	Native Hawaiian or other Pacific Islander	Black or African American	Caucasian



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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 or 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

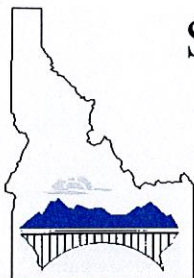
Date

Co-Applicant Signature

Date

SCCAP Staff Signature

Date



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Your prompt reply is appreciated.

Applicant Signature

Date

Co-Applicant Signature

Date

SCCAP Staff Signature

Date

SOUTH CENTRAL COMMUNITY ACTION PARTNERSHIP

BACKGROUND INVESTIGATION AUTHORIZATION

The Fair Credit Reporting Act (1971) requires that we inform you that a sex offender registry criminal background investigation may be conducted as part of our program screening and selection process. This may include an inquiry to obtain information regarding your sex offender registry. The main objective of the investigation is to verify information you provided on your application or during the interview process. Upon your written request within a reasonable period of time, additional information as to the nature and scope of the report, if one is made, will be provided.

The items of information requested below are needed to process your background investigation.

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY #
DATE OF BIRTH / /	DRIVERS LICENSE #	STATE ISSUED	OTHER NAMES USED
CURRENT ADDRESS	CITY	STATE	ZIP CODE

HOME ADDRESS FOR LAST 7 YEARS

STREET ADDRESS	CITY	STATE	ZIP CODE	FROM MO/YR	TO MO/YR
STREET ADDRESS	CITY	STATE	ZIP CODE	FROM MO/YR	TO MO/YR
STREET ADDRESS	CITY	STATE	ZIP CODE	FROM MO/YR	TO MO/YR
STREET ADDRESS	CITY	STATE	ZIP CODE	FROM MO/YR	TO MO/YR

HAVE YOU EVER BEEN CONVICTED OF A SEX CRIME? YES NO IF YES, PLEASE EXPLAIN:

Year

County

State

I AUTHORIZE SOUTH CENTRAL COMMUNITY ACTION PARTNERSHIP, THEIR AGENTS TO INVESTIGATE MY BACKGROUND AS IT PERTAINS TO CONSIDERATIONS. THIS MAY INCLUDE INVESTIGATIONS OF CRIMINAL HISTORY AND, PERSONAL/PROFESSIONAL REFERENCE, LICENSES AND INFORMATION CONTAINED IN PUBLIC RECORDS AND CRIMINAL. I RELEASE ALL PERSONS, COMPANIES OR CORPORATIONS FURNISHING SUCH INFORMATION FROM LIABILITY AND RESPONSIBILITY. A PHOTOSTAT COPY OF THIS DOCUMENT MAY BE SUBSTITUTED FOR THE ORIGINAL.

PRINT FULL NAME _____

DATE _____

SIGNATURE _____