



Pre-Screening Process

CHIP will contact you as soon as your pre-application is screened. Please be patient. To advance in the screening process, you must complete all items and attach copies of all applicable documentation. Please notify us in writing if you change your address, phone number, or any other information.

Any CHIP employee, board member, associate member, or family of any of the previously stated must submit a written request with their application. The application will be suspended until it is approved by the CEO/President of CHIP.

SEND COPIES ONLY WITH YOUR PRE-APPLICATION / ALL COPIES MUST BE LEGIBLE!

- \$30 money order payable to CHIP for a credit report for each single applicant or \$43 for married applicants. CHECKS NOT ACCEPTED.
- Copies of Pay Stubs FOR ALL WAGE EARNERS (18 or older) in the home, for the last 2 months.
- Copy of front and back of picture ID, such as a driver's license and resident alien card if applicable.
- Copies of signed Form 1040 Federal Income Tax Returns and W2's for the last 2 years for all applicants.
Includes: Unemployment, Disability, Social Security, Supplemental Security Income (SSI),
- Copies of bank statements for the last 2 months, for all open accounts.
If you do not have any bank accounts Please check: _____ I do not have any bank accounts.
- Copies of all recent benefit statements FOR ALL HOUSEHOLD MEMBERS for the last 12 months.
Includes: Unemployment, Disability, Social Security, Supplemental Security Income (SSI), CalFresh, Calworks, Cash Aide, Workers Compensation, Military Income, and Veterans Benefits.
- Copy of school schedule for anyone in home 18 yrs. or older, that are students.

APPLICANT

CO-APPLICANT (SPOUSE or OTHER)

First Name / Middle Initial / Last Name		First Name / Middle Initial / Last Name	
Social Security Number	Phone number	Social Security Number	Phone number
- - - ()	()	- - - ()	()
E-mail address: _____	Age	E-mail address: _____	Age
Date of Birth	Years of School	Date of Birth	Years of School
Marital Status	Marital Status	Marital Status	Marital Status
<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (Single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (Single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (Single, divorced, widowed)	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried (Single, divorced, widowed)
<input type="checkbox"/> Separated	<input type="checkbox"/> Separated	<input type="checkbox"/> Separated	<input type="checkbox"/> Separated
Are you a U.S. citizen? _____ Yes _____ No	Are you a U.S. citizen? _____ Yes _____ No	Are you a U.S. citizen? _____ Yes _____ No	Are you a U.S. citizen? _____ Yes _____ No
Do you have Permanent U.S. Residency Status? _____ Yes _____ No	Do you have Permanent U.S. Residency Status? _____ Yes _____ No	Do you have Permanent U.S. Residency Status? _____ Yes _____ No	Do you have Permanent U.S. Residency Status? _____ Yes _____ No
If yes, send copy of front & back of Permanent Resident card.	If yes, send copy of front & back of Permanent Resident card.	If yes, send copy of front & back of Permanent Resident card.	If yes, send copy of front & back of Permanent Resident card.
Number of Dependents _____ (do not include co-applicant)	Do you pay Child Care ? If yes, how much? \$ _____ / mo.	Number of Dependents _____ (do not include co-applicant)	Do you pay Child Care ? If yes, how much? \$ _____ / mo.
Ages of the Boys _____	Do you receive child support? If yes, how much? \$ _____ / mo.	Ages of the Girls _____	Do you receive child support? If yes, how much? \$ _____ / mo.
House size preferred? Choose one	<input type="checkbox"/> 4 bed / 2 bath <input type="checkbox"/> 5 bed / 2 bath	<input type="checkbox"/> 3 bed / 2 bath	<input type="checkbox"/> 4 bed / 2 bath <input type="checkbox"/> 5 bed / 2 bath
Current Address (Two Year History Needed)	Previous Address	Current Address (Two Year History Needed)	Previous Address
How long have you lived at your current address? _____ Years _____ Months	How long did you live at your previous address? _____ Years _____ Months	How long have you lived at your current address? _____ Years _____ Months	How long did you live at your previous address? _____ Years _____ Months
<input type="checkbox"/> Owner <input type="checkbox"/> Renter Monthly Rent Paid \$ _____	<input type="checkbox"/> Owner <input type="checkbox"/> Renter Monthly Rent Paid \$ _____	<input type="checkbox"/> Owner <input type="checkbox"/> Renter Monthly Rent Paid \$ _____	<input type="checkbox"/> Owner <input type="checkbox"/> Renter Monthly Rent Paid \$ _____
Current Address Number and Street	Previous Address Number and Street	Current Address Number and Street	Previous Address Number and Street
City / State / Zip Code	City / State / Zip Code	City / State / Zip Code	City / State / Zip Code

Address where you want to receive correspondence:

Current Landlord (Two Year History Needed)	Previous Landlord
Current Landlord's Name	Previous Landlord's Name
Phone Number ()	Phone Number ()
Current Landlord's Mailing Address	Previous Landlord's Mailing Address
City / State / Zip Code	City / State / Zip Code

Applicant's Current Employment

Co-Applicant's Current Employment

IMPORTANT: if you work for more than one employer, list all planned employment for upcoming year. Also, if current job is less than 2 years complete previous employment section also.

Are you an agricultural worker? _____ Yes _____ No	Are you an agricultural worker? _____ Yes _____ No
Company	Company
Phone () Fax ()	Phone () Fax ()
Address	Address
City / State / Zip	City / State / Zip
Start Date: _____ How many months per year?	Start Date: _____ How many months per year?
Occupation _____ Gross Monthly Income _____	Occupation _____ Gross Monthly Income _____
Company	Company
Phone () Fax ()	Phone () Fax ()
Address	Address
City / State / Zip	City / State / Zip
Start Date: _____ How many months per year?	Start Date: _____ How many months per year?
Occupation _____ Gross Monthly Income _____	Occupation _____ Gross Monthly Income _____

Previous Employment		Previous Employment	
Previous Company	Previous Company	Phone ()	Fax ()
Address	Address	City / State / Zip	City / State / Zip
Start Date:	End Date:	Start Date:	End Date:
Occupation	Gross Monthly Income?	Occupation	Gross Monthly Income?
Previous Company	Previous Company	Phone ()	Fax ()
Address	Address	City / State / Zip	City / State / Zip
Start Date:	End Date:	Start Date:	End Date:
Occupation	Gross Monthly Income?	Occupation	Gross Monthly Income?

Other Income During the Year
Report all other income that you receive such as Unemployment, Disability, Child Support, Alimony, Social Security, Supplemental Security Income (SSI), CalFresh, CalWorks, Cash Aide, Workers Compensation, Copies of signed Form 1040 Federal Income Tax Returns and W2's for the last 2 years for all applicants.

Name of Recipient	Type of Benefit	Name of Recipient	Type of Benefit
Amount Received \$	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	Amount Received \$	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly
Name of Recipient	Type of Benefit	Name of Recipient	Type of Benefit
Amount Received \$	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	Amount Received \$	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly

THESE QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS

What is your preferred language? Written _____ Spoken _____

Do you own a mobile home? YES NO If yes, do you own the property? YES NO

Have you owned a home in the last 3 years? YES NO

Have you declared bankruptcy in the last 3 years? YES NO

Have you had property foreclosed due to lack of payments? YES NO

Are you a co-signer or endorser on a note? YES NO

Are you a party to a lawsuit? YES NO

Are you obligated to pay alimony, child support, separate maintenance? YES NO

If yes, how much per month? _____

Are you a CHIP employee? YES NO

Are you related to a CHIP employee? YES NO

If yes, who? _____

How did you hear about our program? _____

Do you want to be considered for an adjustment from household income because of a disabling condition? YES NO

Which member(s) of your household entitles you to this deduction? _____

The Self-Help Construction Program requires 30 hours a week participation in the construction of the homes.

Please initial: Applicant _____ Co-Applicant _____

Applicant Signature By signing, I authorize CHIP to do a credit check. _____ Date _____

Co-Applicant Signature By signing, I authorize CHIP to do a credit check. _____ Date _____

Optional Information Regarding Ethnicity, Race, and Gender

The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Applicant: I do not wish to furnish this information **Co-Applicant:** I do not wish to furnish this information

Ethnicity:

Applicant: Hispanic or Latino Not Hispanic or Latino Female Male

Co-Applicant: Hispanic or Latino Not Hispanic or Latino Female Male

Applicant: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other (specify) _____

Co-Applicant: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other (specify) _____



Community Housing Improvement Program, Inc. is an Equal Opportunity provider and employer.



**United States Department of Agriculture
Rural Development
Rural Housing Service**

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

RE: _____
Account or Other Identifying Number

Name of Customer

I have applied for or obtained a loan or grant from the Rural Housing Service (RHS), part of the Rural Development mission area of the United States Department of Agriculture. As part of this process or in considering me for interest credit, payment assistance, or other servicing assistance on such loan, RHS may verify information contained in my request for assistance and in other documents required in connection with the request.

I authorize you to provide to RHS for verification purposes the following applicable information:

- Past and present employment or income records.
- Bank account, stock holdings, and any other asset balances.
- Past and present landlord references
- Other consumer credit references.

If the request is for a new loan or grant, I further authorize RHS to order a consumer credit report and verify other credit information.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., RHS is authorized to access my financial records held by financial institutions in connection 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 RHS without further notice or authorization, but will not be disclosed or released by RHS to another Government 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.

The recipient of this form may rely on the Government's representation that the loan is still in existence.

The information RHS obtains is only to be used to process my request for a loan or grant, interest credit, payment assistance, or other servicing assistance. I acknowledge that I have received a copy of the Notice to Applicant Regarding Privacy Act Information. I understand that if I have requested interest credit or payment assistance, this authorization to release information will cover any future requests for such assistance and that I will not be renotified of the Privacy Act information unless the Privacy Act information has changed concerning use of such information.

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

Your prompt reply is appreciated.

Signature _____ Date _____ Signature _____ Date _____

Signature _____ Date _____ Signature _____ Date _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless as displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

RHS Is An Equal Opportunity Lender

SEE ATTACHED PRIVACY ACT NOTICE

Please list all household members:

Por favor ponga en lista las personas que viviran en casa:

NAME (First, Last) Nombre (Primer, Apellido)	Age Edad	RELATIONSHIP TO APPLICANT(S) Relacion al solicitante

APPLICANT / SOLICITANTE _____ **DATE / FECHA** _____

CO APPLICANT / CO-SOLICITANTE _____ **DATE / FECHA** _____

CO APPLICANT / CO-SOLICITANTE _____ **DATE / FECHA** _____
