

Previous Employment		Previous Employment	
Previous Company		Previous Company	
Phone ()	Fax ()	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 ()	Phone ()	Fax ()
Address		Address	
City / State / Zip		City / State / Zip	
\$39.00 money c	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 desrcrimination against tenant applications on the basis of race, color, national orgin, 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 baisis of visual observation or surname.

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

<u>Ethnicity:</u>	<u>Gender:</u>
Applicant: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Female <input type="checkbox"/> Male
Co-Applicant: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Female <input type="checkbox"/> Male
Applicant: <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	<input type="checkbox"/> Other (specify) _____
Co-Applicant <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	<input type="checkbox"/> Other (specify) _____



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

