

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: _____	
Start Date: _____	End Date: _____	Start Date: _____	End Date: _____
Occupation: _____	Gross Monthly Income: _____	Occupation: _____	Gross Monthly Income: _____

Other Income During the Year for All Adults
 Includes: Unemployment, Disability, Child Support or Alimony, tax form Schedule C if self-employed, Social Security, Supplemental Security Income (SSI), CalFresh, Cash Aide, Workers' Compensation, Military Income, Veteran Benefits, etc.

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 currently own a home, including a mobile home?	YES	NO
Do you currently own any property/land?	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? If yes, how much per month? _____	YES	NO
Are you a CHIP employee?	YES	NO
Are you related to a CHIP employee? If yes, who? _____	YES	NO
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 descrimination 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

Ethnicity:	Gender:
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 Company:	<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.

