Thermalito Phase 2

For office use only :
Date Rec'd:_____
#:_____

Community Housing Improvement Program

Mail to: 1001 Willow Street, Chico, CA 95928
Website: www.chiphousing.org | **E-mail questions to:** CHIPgeneral@chiphousing.org
Phone: (530) 891-6931 or Toll Free 1-888-912-4663 | Fax: (530) 891-8547

CHIP

RURAL SELF-HELP HOUSING PRE-APPLICATION

Submit your completed pre-application to the CHIP office by mail or in person only. E-mailed or faxed pre-applications are NOT accepted.
At this time do not provide any additional documentation. CHIP will contact you for additional information once ready to review.
Please notify us in writing if you change your contact information such as address, phone number, e-mail, etc.

Fill out ALL information requested below with current and accurate information for all household members.

APPLICANT	CO-APPLICANT (SPOUSE or OTHER)
First Name / Middle Initial / Last Name	First Name / Middle Initial / Last Name
Social Security Number - - Phone number ( ) ☐ cell ☐ home	Social Security Number - - Phone number ( ) ☐ cell ☐ home
E-mail address: _____	**E-mail address:** _____
Date of Birth Age Years of School Completed	Date of Birth Age Years of School Completed
Marital Status ☐ Married ☐ Single, divorced, widowed ☐ Legally Separated	Marital Status ☐ Married ☐ Single, divorced, widowed ☐ Legally Separated
*If married (includes legally separated) and spouse is NOT listed on application, **additional information from spouse will be required.**	
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
Number of Household members? _____	Do you **pay** for Child Care ? No ___ Yes ___
How many adults? _____ How many children? _____	If yes, how much? $_____ / per month

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
☐ Owner ☐ Renter $_____ Monthly Rent Amount	☐ Owner ☐ Renter $_____ Monthly Rent Amount
Current Address	Previous Address
City / State / Zip Code	City / State / Zip Code

Mailing address (if different from current address):

Current Landlord	Previous Landlord
Current Landlord Name Phone Number ( )	**Previous** Landlord Name Phone Number ( )
Current Landlord Mailing Address	**Previous** Landlord Mailing Address
City / State / Zip Code	City / State / Zip Code

Applicant's Employment Information	Co-Applicant's Employment Information
Are you an agricultural worker? ___Yes ___No	**Are you an agricultural worker? ___Yes ___No**
Are you self-employed? ___Yes ___No	**Are you self-employed? ___Yes ___No**

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.

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:

Applicant's Previous Employment	Co- Applicant's 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:

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), etc.

Name of Recipient	Type of Benefit	Name of Recipient	Type of Benefit
Amount Received $_____ ☐ Monthly ☐ Weekly		Amount Received $_____ ☐ Monthly ☐ Weekly	
Name of Recipient	Type of Benefit	Name of Recipient	Type of Benefit
Amount Received $_____ ☐ Monthly ☐ Weekly		Amount Received $_____ ☐ Monthly ☐ 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 <u>any</u> land? YES	NO
Have you owned a home in the last 3 years?	YES	NO
Were you a renter or homeowner who was displaced due to a natural disaster? **YES NO**	**If yes, which one?**	
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 endoreser on a note? For example, loan or line of credit.	YES	NO
Are you a party to a lawsuit?	YES	NO
Are you obligated to <u>pay</u> alimony, child support, separate maintenance? If yes, how much per month? _____	YES	NO
Are you a CHIP employee?	YES	NO
Are you <u>related</u> to a CHIP employee? YES NO	If yes, who and relation? _____	

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

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 _____

House Size preferred? ☐ **3 bed / 2 bath** ☐ **4 bed / 2 bath** ☐ **5 bed / 2 bath**

By signing I authorize CHIP to review my application and complete a credit check. I understand that the fee is non-refundable.

X. _____ _____ X. _____ _____
Applicant Signature Date Co-Applicant Signature Date

Optional Information

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, or 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.)

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:	☐ 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.

**CHIP creates affordable homeownership and quality rental housing in Northern California.
We build and maintain permanent housing that promotes stability, cultivates economic benefits, nurtures community, and empowers residents.**

EQUAL HOUSING OPPORTUNITY

Form RD 3550-1
(Rev. 4-02)

Form Approved
0MB No. 0575-0172

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 conceming 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

NOTICE TO APPLICANT REGARDING PRIVACY ACT INFORMATION

The information requested on this form is authorized to be collected by the Rural Housing Service (RHS), Rural Business-Cooperative Services (RBS), Rural Utilities Service (RUS) or the Farm Service Agency (FSA) ("the agency") by title V of the Housing Act of 1949, as amended (42 U.S.C. 1471 et seq.) or by the Consolidated Farm and Rural Development Act (7 U.S.C. et seq.), or by other laws administered by RHS, RBS, or FSA.

Disclosure of information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Identification Number, may result in a delay in the processing of an application or its rejection. Information provided may be used outside of the agency for the following purposes:

1. When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule, or order issued pursuant thereto. disclosure may be made to the appropriate agency, whether Federal, foreign, state, local, or tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation, or order issued pursuant thereto. if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.

2. A record from this system of records may be disclosed to a Member of Congress or to a Congressional staff member in response to an inquiry of the Congressional office made at the written request of the constituent about whom the record is maintained.

3. Disclosures may be made of names, home addresses, social security numbers, and financial information to business firms in a trade area that buy chattel or crops or sell them for commission. This is an order that the agency may benefit from the purchaser notification provisions of section . 1324 of the Food Security Act of 1985 (7 U.S.C. 163(c)). The Act requires that potential purchasers of farm commodities must be advised ahead of time that a lien exists in order for the creditor to perfect its lien against such purchases.

4. Disclosures may be made from this system to consumer reporting agencies as defined in the Fair Credit Reporting Act (15 U.S.C. 1681 a(f) or the Federal Claims Collection Act (31 U.S.C. 3701 (a)(3)).

5. Disclosure of the name, home address, and information concerning default on loan repayment when the default involves a security interest in tribal allotted or trust land. Pursuant to 42 U.S.C. 1479(d), liquidation may be pursued only after offering to transfer the account to an eligible tribal member, the tribe, or the Indian Housing Authority serving the tribe(s).

6, Referral of names, home addresses, social security numbers, and financial information to a collection or servicing contractor, financial institution, or a local, State. or Federal agency, when the agency determines such referral is appropriate for servicing or collecting the borrower's account or has provided for in contracts with servicing or collection agencies.

7. It shall be a routine use of the records in this system of records to disclose them in a proceeding before a court or adjudicative body, when: (a) the agency or any component thereof, or (b) any employee of the agency in his or her official capacity; or (c) any employee of the agency in his or her individual capacity where the agency has agreed to represent the employee; or (d) the United States is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation, provjded~ however, that in each case, the agency determines that disclosure of the records is a use of the information contained in the records that is compatible with the purpose for which the agency collected the records.

8. Referral of name, home address, and financial information for selected borrowers to financial consultants, advisors, lending institutions, packagers, agents, and private or commercial credit sources, when the agency determines such referral is appropriate to encourage the borrower to refinance their RHS indebtedness as required by title V of the Housing Act of 1949, as amended (41 U.S.C. 1471).

9. Referral of legally enforceable debts to the Department of the Treasury, Internal Revenue Service IRS), to be offset against any tax refund that may become due the debtor for the tax year in which the referral is made, in accordance with the IRS regulations and under the authority contained in 31 U.S.C. 3720A.

10. Referral of information regarding indebtedness to the Defense Manpower Data Center, Department of Defense, and the United States Postal Service for the purpose of conducting computer matching programs to identify and locate individuals receiving Federal salary or benefit payments and who are delinquent in their repayment of debts owed to the U.S. Government under certain programs administered by the agency in order to collect debt under the provisions of the Debt Collection Act of 1982 (5 U.S.C. 5514) by voluntary repayment, administrative or salary offset procedures, or by collection agencies.

11. Referral of names, home addresses, and financial information to lending institutions when the agency determines the individual may be financially capable of qualifying for credit with or without a guarantee.

12. Disclosure of names, home addresses, social security numbers, and financial information to lending institutions that have a lien against the same property as the agency for the purpose of the collection of the debt by the agency or the other lender. These loans can be under the direct and guaranteed loan programs.

13. Referral to private attorneys under contract with either the agency or with the Department of Justice for the purpose of foreclosure and possession actions and collection of past due accounts, in connection with the agency.

14. It shall be a routine use of the records in this system of records to disclose them to the Department of Justice when: (a) The agency or any component thereof, or (b) any employee of the agency in his or her official capacity where the Department of Justice has agreed to represent the employee; or (c) the United States Government, is a party to litigation or has an interest in such litigation, and by careful review, the agency determines that the records are both relevant and necessary to the litigation and the use of such records by the Department of justice is therefore deemed by the agency to be for a purpose that is compatible with the purpose for which the agency collected the records.

15. Referral of names, home addresses, social security numbers, and financial information to the Department of Housing and Urban Development (HUD) as a record of location utilized by Federal agencies for an automatic credit prescreening system.

16. Referral of names, home addresses, social security numbers, and financial information to the Department of Labor, state wage information collection agencies, and other Federal, state, and local agencies, as well as those responsible for verifying information furnished to qualify for Federal benefits, to conduct wage and benefit matching through manual or automated means, for the purpose of determining compliance with Federal regulations and appropriate servicing actions against those not entitled to program benefits, including possible recovery of improper benefits.

17. Referral of names, home addresses, and financial information to financial consultants, advisors, or underwriters, when the agency determines such referral is appropriate for developing packaging and marketing strategies involving the sale of agency loan assets.

Certification of True Information

Dear applicant(s),

If you are eligible for a home with CHIP's self-help housing program, you will receive a home loan from the USDA Rural Development, a federal government agency. USDA Rural Development has the following policy regarding falsification of any information submitted by a potential homebuyer:

Section 1001 of Title 18 Code of the United States code states that anyone who "knowingly and willfully falsifies, omits or covers an act, or makes a fraudulent information, false or fictitious declaration or representation or uses some writing or false document knowing that such contains false or fictious or fraudulent information, shall be fined a $10,000 maximum penalty or imprisoned for no more than 5 years, or both".

In addition, any information on the application that is false or incomplete may be a basis for debarment from participation in all federal programs.

By signing this document, you certify that all information provided in your application is true and correct. Information provided includes income, credit, marital status, and household size/structure.

In addition, you are certifying that the new home will be your primary residence.

Should CHIP become aware of any false or incomplete information that you knowingly provided or withheld, you will be disqualified and removed from the self-help housing program.

Name of applicant	Name of Co-applicant
Signature	Signature
Date	Date