

COACHELLA VALLEY HOUSING COALITION
APPLICATION FOR WAITING LIST FOR THE MUTUAL SELF HELP PROGRAM

WHAT CITY WOULD YOU LIKE TO BUY YOUR HOUSE IN? PLEASE LIST YOUR CHOICES BELOW.

1) _____ 2) _____ 3) _____
First Choice Second Choice Third Choice

A CHECK OR MONEY ORDER must accompany this form to pay for a credit report. \$10.00 for a married couple, \$10.00 per individual or \$12.00 for an unmarried couple. Please ask for a receipt, if mailing application in, receipt will be mailed out to you within 24hrs of receiving your application.

LAST NAME: _____ FIRST NAME: _____ SS# _____

CO-APPLICANT LAST NAME: _____ FIRST NAME: _____ SS# _____

RELATIONSHIP OF APPLICANTS? _____

ADDRESS: _____
Street City State Zip Code

MAILING ADDRESS: _____

HOME PHONE: () _____ MESSAGE () _____

APPLICANT EMAIL: _____ NUMBER OF PERSONS LIVING IN THE HOME: ____
PLEASE CIRCLE NUMBER OF MINORS UNDER THE AGE OF 18 THAT WILL LIVE IN THE HOME: 1 2 3 4 5 6 7 8+

APPLICANT: ____ / _____, HIGHEST LEVEL OF EDUCATION COMPLETED: _____
AGE & D.O.B MM/DD/YY

CO-APPLICANT'S: ____ / _____, HIGHEST LEVEL OF EDUCATION COMPLETED: _____
AGE & D.O.B MM/DD/YY

APPLICANT'S GROSS INCOME: \$ _____ PLEASE INDICATE IF (____ HOURLY)(____ WEEKLY)(____ BIWEEKLY)(____ ANNUALLY)

OTHER INCOME: AFDC, SDI, SSI, OTHER: _____

CO-APPLICANTS GROSS INCOME: \$ _____ PLEASE INDICATE IF BY (____ HOURLY)(____ WEEKLY)(____ BIWEEKLY)(____ ANNUALLY)

OTHER INCOME: AFDC, SDI, SSI, OTHER: _____

PRESENT RENT: \$ _____ HOW LONG: _____ MONTH(S) _____ YEAR(S)

PLEASE INDICATE CURRENT HOUSING CONDITION: ____ GOOD ____ FAIR ____ BAD, IF BAD PLEASE EXPLAIN: _____

APPLICANT'S EMPLOYER: _____ TELEPHONE () _____

OCCUPATION: _____ HOW LONG: _____ MONTH(S) _____ YEAR(S)

CO-APPLICANT'S EMPLOYER: _____ TELEPHONE () _____

OCCUPATION: _____ HOW LONG: _____ MONTH(S) _____ YEAR(S)

HOW DID YOU HEAR ABOUT THE PROGRAM? ____ FLYER ____ A FRIEND ____ EVENT ____ INTERNET ____ RADIO ____

TELEVISION ____ FAMILY ____ OTHER ____ (SPECIFY) _____

DO YOU HAVE AN APPLICATION WITH ANOTHER HOUSING AGENCY? YES NO IF YES, WHERE? _____

FOR OFFICE USE ONLY:

Send Application and payment to:
Coachella Valley Housing Coalition
45-701 Monroe St. Suite G
Indio, CA 92201
(760) 347-3157

Self-Help# _____ WL# _____
Application Fee: \$ _____ Date Received _____
Money Order # _____ Check # _____
Received By: _____

Page 1 of 2. Please sign on reverse side.

The following information is requested by this agency in order to assure the federal government, acting through its agencies that Federal Laws prohibiting discrimination against applicants on the grounds of race, color, creed, nation origin, religion, sex, martial or familial status, age or physical or mental handicap are complied with. You are not required to furnish this information, but are encourage doing so. This information will not be used in evaluating your application or to discriminate against you in any way. If you choose not to furnish it, this agency is required to note the race/national origin and sex of individual applicants on the basis of observation or surname.

Preferred language: _____ U.S. Veteran? ___ Yes ___ No - APPLICANT: _____ I do not wish to provide this information A.
Gender of Applicant ___ Male ___ Female Sex of Co-Applicant: ___ Female ___ Male B. Marital Status _____
Married ___ Separated ___ Unmarried (includes single, divorced or widowed) C. Race/National Origin: ___ White (Non-Hispanic)
Hispanic ___ Black Non-Hispanic ___ Asian or Pacific Islander ___ American Indian or Alaska Native ___ Other (Specify) _____

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize and direct any Federal, State or local agency, organization, business or individual to release to Coachella Valley Housing Coalition, its employees, agents or assigns (hereinafter collectively referred as "CVHC") to release/exchange any information or materials requested in order to facilitate my participation in CVHC's Mutual Self-Help Program, Foreclosure Counseling Program and/or Credit Counseling Program. I agree that a photocopy of this may also serve as authorization.

The groups or individuals that may be asked to release the above information includes but is not limited to:

- Mortgage companies
- Past and present employers
- Support and alimony administrators
- Social Security Administration
- Veterans Administration
- State unemployment agencies
- Utility companies
- Banks & financial institutions
- Non-profit organizations

I/We further authorize CVHC to order a consumer credit report as part of the CVHC's Mutual Self-Help Program, Foreclosure Counseling Program and/or Credit Counseling Program.

I/We also authorize CVHC to exchange information with all pertinent parties in order to assist me with the best plan to resolve my immediate situation. I authorize the exchange of information with any party authorized in this release to include but no be limited to in person, via phone, via fax and via email.

This authorization will stay in effect until I complete my participation in the Mutual Self-Help Program, Foreclosure Counseling Program and/or Credit Counseling Program or revoke this authorization in writing. I understand that this form will be used to establish my interest in the CVHC's Mutual Self-Help Program, Foreclosure Counseling Program and/or Credit Counseling Program. By signing this form, I understand and agree to abide by the rules and regulations established by CVHC. In addition, I give permission to CVHC to request a credit report in my name.

Applicant: _____
Name (please print) Signature Date

Co-Applicant: _____
Name (please print) Signature Date