

SELF-HELP HOUSING INTAKE FORM

Intake form to participate in a mutual self-help housing project. This is not an application for funding.

We are interested in building a home in **San Miguel**

NAME _____ HOME PHONE # _____ CELL # _____
 MAILING ADDRESS _____ HOME ADDRESS _____

E-Mail address _____ 2nd Cell or Phone#: _____

Name _____ Age _____ Birthdate _____
 Social Security # _____ Birthplace _____
 U.S. Citizen? _____ Permanent Resident? _____ MICA # _____
 Married _____ Date of Marriage _____ Separated _____ Unmarried (*single, divorced, widowed*) _____
 YOUR Maiden Name _____ Veteran? _____

Name _____ Age _____ Birthdate _____
 Social Security # _____ Birthplace _____
 U.S. Citizen? _____ Permanent Resident? _____ MICA # _____
 Married _____ Date of Marriage _____ Separated _____ Unmarried (*single, divorced, widowed*) _____
 YOUR Maiden Name _____ Veteran? _____

LIST ALL OTHER PEOPLE LIVING IN YOUR HOUSEHOLD:

NAME	RELATIONSHIP	AGE	BIRTHDATE	BIRTHPLACE	SOCIAL SECURITY #	MICA #

How long have you lived in your present home? _____ Rent Amount _____
 Landlord Name _____ Phone Number _____
 Landlord Address _____
 If less than 2 years at this address, previous address _____
 Previous Landlord Name _____
 Previous Landlord Address _____

Do you OWN a home/condo now? _____
 Have you or your spouse OWNED a home in the past 3 years? _____
 Have you CO-SIGNED with someone else for a home? _____
 Have you CO-SIGNED on ANY loan for anyone, such as your child, other relative, or a friend?
 Who did you Co-Sign with? _____ What is the loan for? _____
 How much is the loan? _____ Amount of monthly payments? _____
 Who makes the payments? _____ Final payment date _____

IF YOU HAVE CO-SIGNED FOR MORE THAN 1 LOAN, PLEASE ATTACH ANOTHER SHEET OF PAPER
 TO GIVE THE SAME INFORMATION AS ABOVE ABOUT EACH LOAN

Have you had a Bankruptcy in the past 3 years? _____
 Do you have any UNPAID collections? _____ UNPAID Judgments? _____
 Do you have a savings account? _____ Average Account Balance _____
 Do you have a checking account? _____ Average Account Balance _____
 Name of Bank _____ Address _____

LIST ALL CARS, TRUCKS, BOATS, MOBILE HOMES, MOTORCYCLES, VEHICLES OF ANY KIND:

MODEL	MODEL YEAR	APPROXIMATE VALUE

PLEASE COMPLETE THE BACK SIDE OF THIS PAGE

LIST ALL DEBTS: (Credit Cards, Car Payments, Visa, Master Card, Personal Loans, Student Loans, Child Support, Etc.)

OWED TO	OWNED FOR	BALANCE DUE	MONTHLY PAYMENT	FINAL PAYMENT DATE

ATTACH ADDITIONAL SHEET IF NEEDED TO LIST ALL DEBTS

EMPLOYMENT AND HOUSEHOLD INCOME INFORMATION

PLEASE COMPLETE ONE OF THE FOLLOWING SECTIONS FOR EACH PERSON OVER 18 LIVING WITH YOU, BEGINNING WITH YOURSELF. IF ANYONE WORKS FOR MORE THAN ONE EMPLOYER, FILL OUT A SEPARATE SECTION FOR EACH EMPLOYER.

Name _____ Employer Name _____ Full Time? _____
 Employer Address _____ Part Time? _____
 Phone # _____
 Date you began work _____ Type of work you do _____
 Pay Rate Per: HOUR DAY WEEK MONTH (Check One) \$ _____
 Average regular hours per day _____ Days per week _____ # of Weeks per year _____
 Average over-time hours per week _____ Paid vacation _____ Bonus _____
 If you receive UNEMPLOYMENT part of the year, HOW MUCH A WEEK? \$ _____
 HOW MANY WEEKS A YEAR? _____

Name _____ Employer Name _____ Full Time? _____
 Employer Address _____ Part Time? _____
 Phone # _____
 Date you began work _____ Type of work you do _____
 Pay Rate Per: HOUR DAY WEEK MONTH (Check One) \$ _____
 Average regular hours per day _____ Days per week _____ # of Weeks per year _____
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 If you receive UNEMPLOYMENT part of the year, HOW MUCH A WEEK? \$ _____
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Name _____ Employer Name _____ Full Time? _____
 Employer Address _____ Part Time? _____
 Phone # _____
 Date you began work _____ Type of work you do _____
 Pay Rate Per: HOUR DAY WEEK MONTH (Check One) \$ _____
 Average regular hours per day _____ Days per week _____ # of Weeks per year _____
 Average over-time hours per week _____ Paid vacation _____ Bonus _____
 If you receive UNEMPLOYMENT part of the year, HOW MUCH A WEEK? \$ _____
 HOW MANY WEEKS A YEAR? _____

OTHER HOUSEHOLD INCOME: Please list all other sources and amounts of income for all household members (Child Support, Pensions, Welfare, Social Security, Disability, AFDC, etc.)

NAME	TYPE OF INCOME	AMOUNT	WEEKLY	MONTHLY

CHILD CARE: Do you pay for child care so that you can work? If yes, please fill out the sections below:

Name of Child Care Provider	Provider's Address	Amount Paid	How do you pay? (Check One)
			Per Hour
			Per Day
			Per Week
			Per Month

I/WE AUTHORIZE PEOPLES' SELF-HELP HOUSING to verify the information provided in this Intake Form as necessary, including obtaining a preliminary credit report. (Please sign and date this Intake Form below)

Name _____ Date _____ Name _____ Date _____

ALL REQUESTED MATERIAL LISTED ON THE INSTRUCTIONS SHEET MUST BE SUBMITTED WITH THE INTAKE FORM

**PEOPLES' SELF-HELP HOUSING
 ATTENTION: HOMEOWNERSHIP
 3533 EMPLEO STREET
 SAN LUIS OBISPO, CA 93401**