



**SouthEastern Idaho  
Community Action Agency**  
*Helping People. Changing Lives.*

# Affordable Housing Program PRE-APPLICATION

Date: \_\_\_\_\_

**Applicant Information:**

Applicant  
Name: \_\_\_\_\_  
Address (include City/Town):  
\_\_\_\_\_  
\_\_\_\_\_  
How long resided at current address? \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Best time to contact by phone:  
\_\_\_\_\_  
Occupation: \_\_\_\_\_

**Co-Applicant Information:**

Co-Applicant  
Name: \_\_\_\_\_  
Address:  
\_\_\_\_\_  
\_\_\_\_\_  
How long resided at current address? \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Best time to contact by phone:  
\_\_\_\_\_  
Occupation: \_\_\_\_\_

**Others Residing in Household:**

Name:	Age:	Name:	Age:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**HOUSING HISTORY FOR THE PAST 24 MONTHS (2 YEARS)**

Name of Current Landlord: \_\_\_\_\_  
Mailing Address : \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Date Moved to Current Address: \_\_\_\_\_

Name of Prior Landlord: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Date Moved to Above Address: \_\_\_\_\_

**Return Application to: SEICAA  
641 N. 8th Avenue  
Pocatello, ID 83201**

**Income Information**

	<b>Employer Name</b>	<b>Date Employment Began</b>	<b>Rate of Pay</b>	<b>Hours Worked Per Week</b>	<b>Gross Annual Income for the Next 12 Months</b>
<b><u>Applicant</u></b>					
<b><u>Co-applicant</u></b>					

Have either the applicant or co-applicant been previously married? Y or N

If yes, is the divorce final? Y or N

Do you **pay** child support? Y or N

Monthly Amount **Paid** \$ \_\_\_\_\_

Do you **receive** child support? Y or N

Monthly Amount **Received** \$ \_\_\_\_\_

Does applicant or co-applicant receive Social Security, SSI/SSA, or any other Income Benefits?

(eg. Interest Earned, Retirement, Rental Property, etc...)

If yes, what is the monthly amount received? \$ \_\_\_\_\_ Y or N

Did applicant or co-applicant receive Earned Income Credit when filing last year's income taxes?

If yes, what was the amount earned? \$ \_\_\_\_\_ Y or N

Does applicant or co-applicant receive Food Stamps?

If yes, what is the monthly amount received? \$ \_\_\_\_\_ Y or N

If yes, what is the total monthly amount received? \$ \_\_\_\_\_ Y or N

**Commitment to Affordable Housing Programs**

*(Answering no on these questions **will not** disqualify your application for the program)*

*Infill Housing:*

- The Acquisition/Infill Housing Programs may require that each household provide limited "sweat equity" as feasible at the construction site. Can you realistically work as needed on the home? Y or N

*Mutual Self-Help Housing:*

- The Mutual Self-Help Program requires that each household work 35-40 hours per week performing construction labor tasks. Can you realistically work a minimum of 35 hours per week, per family unit? (Family and friends may help with labor.) Y or N
- The Mutual Self-Help Housing Program you work on your home and other homes in the group as well. Are you willing to work to complete all the homes in your group . Y or N

*Both Programs:*

- Are you able to do light construction work? Y or N
- Do you have reliable transportation to get to and from the construction site? Y or N
- Are you willing to attend Homebuyer Education courses and/or Consumer Education if your application is approved? Y or N







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## **AUTHORIZATION TO RELEASE INFORMATION**

I have applied for Southeastern Idaho Community Action Agency (SEICAA) Infill Housing. As part of the process in considering me for this program, SEICAA may verify information contained in my request for assistance and in other documents required in connection with the request.

I authorize SEICAA to order a consumer credit report and verify other credit information.

I authorize SEICAA to work with a lending institution to help me secure permanent financing.

I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. 3401, et seq., SEICAA 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 SEICAA without further notice or authorization, but will not be disclosed or released by SEICAA to another 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.

A copy of this authorization may be accepted as an original.

Your prompt reply is appreciated,

\_\_\_\_\_  
Signature Applicant      Date

\_\_\_\_\_  
Signature Co-Applicant      Date

\_\_\_\_\_  
SEICAA Staff Signature      Date