

**👉 TO BE INCLUDED WITH THIS APPLICATION: 👈**

1. **Current pay stubs from ALL household income showing one month's current earnings as well as award letters for any assistance programs you are involved with**
2. **Copies of the last 2 years Federal Income Tax returns (including W-2's and all attachments). Individuals who do not have copies should obtain them by writing to the IRS.**
3. **We will need to pull a credit report, which you will have to pay for. Please call the office (360-398-0223) for the current credit report fee.**
4. **Immigration status, if applicable (copy of Alien registration card).**

**WHATCOM-SKAGIT  
HOUSING**

1971 MIDWAY LANE, SUITE C  
BELLINGHAM WA 98226  
Phone: (360) 398-0223 or (888) 360-0223

<b>Applicant:</b>	<b>Co-Applicant:</b>
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Name:

Social Security Number:

Date of Birth:

U.S. Citizen?  Yes  No

If no, what is your residency status?

Name:

Social Security Number:

Date of Birth:

U.S. Citizen?  Yes  No

If no, what is your residency status?

**Are you:**

Married  Separated (please provide legal documents)

Unmarried (*includes single, divorced, widowed*)

**If divorced please provide a copy of your Divorce decree and all accompanying documents.**

**Are you:**

Married  Separated (please provide legal documents)

Unmarried (*includes single, divorced, widowed*)

**If divorced please provide a copy of your Divorce decree and all accompanying documents.**

Present Address:  Own  Rent How Long?

Current Address:

City/State/Zip:

Home Phone:  Cell:

E-Mail Address:

Mailing address if different from above

Present Address:  Own  Rent How Long?

Current Address:

City/State/Zip:

Home Phone:  Cell:

E-Mail Address:

Mailing address if different from above:

**IF AT ABOVE ADDRESS LESS THAN 2 YEARS**

Previous Address:

City/State/Zip:

Previous Address:

City/State/Zip:

<b>List all children and other members of your household excluding applicant and co-applicant.</b>				
	<u>NAME</u>	<u>AGE</u>	<u>NAME</u>	<u>AGE</u>
1.	<input style="width: 270px;" type="text"/>	<input style="width: 50px;" type="text"/>	5.	<input style="width: 270px;" type="text"/>
2.	<input style="width: 270px;" type="text"/>	<input style="width: 50px;" type="text"/>	6.	<input style="width: 270px;" type="text"/>
3.	<input style="width: 270px;" type="text"/>	<input style="width: 50px;" type="text"/>	7.	<input style="width: 270px;" type="text"/>
4.	<input style="width: 270px;" type="text"/>	<input style="width: 50px;" type="text"/>	8.	<input style="width: 270px;" type="text"/>

**Employment History**

**APPLICANT:**

Present Employer:   
*(If self-employed you will need to provide a YTD Profit & Loss)*  
 Address:   
 City/State/Zip:   
 Phone #:   
 Date Hired:   
 Hourly Rate or Monthly income:   
 Hours Per Week:   
 Position:   
 Seasonal Work:  Yes  No

**CO-APPLICANT:**

Present Employer:   
*(If self-employed you will need to provide a YTD Profit & Loss)*  
 Address:   
 City/State/Zip:   
 Phone #:   
 Date Hired:   
 Hourly Rate or Monthly income:   
 Hours Per Week:   
 Position:   
 Seasonal Work:  Yes  No

**If employment is less than two years:**

Previous Employer:   
 Address:   
 City/State/Zip:   
 Phone #:   
 Date Hired:   
 Hourly Rate:   
 Hours Per Week:   
 Position:   
 Seasonal Work:  Yes  No  
 Do you receive any other income:  Yes  No

Previous Employer:   
 Address:   
 City/State/Zip:   
 Phone #:   
 Date Hired:   
 Hourly Rate:   
 Hours Per Week:   
 Position:   
 Seasonal Work:  Yes  No

*(Include Commission, tips, child support, Bonus, Social Security, Unemployment, D.S.H.S., V.A benefits, Section 8 assistance, child tax credit or other)*

If yes, how much per month?

Source of Income

List OUTSTANDING DEBTS, including installment debts, school loans, automobile loans revolving charge accounts, child support, alimony, etc.

<u>CREDITOR:</u>	<u>MONTHLY PAYMENT:</u>	<u>BALANCE OWING:</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>

**PLEASE ANSWER THE FOLLOWING QUESTION (CIRCLE YES OR NO AND FILL IN SPACES IF APPLICABLE):**

1. Do you presently rent?  Yes  No

Payment Amount:

2. Do you own any real property or manufactured home?  Yes  No

If yes what is the value:

3. Is your current housing substandard?  Yes  No

(Is your current housing poor quality or have inferior electrical, plumbing or heating)

4. Has applicant or co-applicant ever filed bankruptcy?  Yes  No

Discharge Date?

*If yes, please include copies of all documents relating to the bankruptcy.*

5. Has Applicant or Co-applicant had any collections?  Yes  No

Dates paid:

6. Do you have cash or assets (other than your car) over \$15,000.00 or \$20,000.00 if 62 and over?  Yes  No

Please List:

7. Do you have reliable transportation to and from the job site?  Yes  No

8. Are you physically able to do light construction work?  Yes  No

9. Are you able to arrange for consistent childcare for your children during the construction of your home?  Yes  No

Per Washington State Law Children under the age of 16 are not allowed on the job site:

10. Can you realistically work a minimum of 35 hours per week to build your home as well as the  Yes  No

other homes in your building group?

11. Would your family have a problem living in a two story house?  Yes  No

12. How did you hear about our program?

13. Are there any additional circumstances or information you think we should know about?

Please explain:

I/We authorize Whatcom-Skagit Housing to check my/our credit through their credit-reporting agency.

I/We understand that all information provided herein is private and confidential and is for program use only.

The above information, along with any other information provided by me/us is warranted to be true and complete to the best of my/our knowledge and belief.

By:   
Applicant's Signature

By:   
Co-Applicant's Signature

Date:

Date:

“The following information is requested by the Federal Government in order to monitor compliance with Federal Law prohibiting discrimination against applicants seeking to participate in this program. 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 to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of the individual application on the basis of visual observation or surname.”

APPLICANT

CO-APPLICANT

- American Indian or Alaska Native
- Black, or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- Pacific Islander
- White
- Other (specify) [Click here to enter text.](#)
- I do not wish to furnish this information

- American Indian or Alaska Native
- Black, or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- Pacific Islander
- White
- Other (specify) [Click here to enter text.](#)
- I do not wish to furnish this information

Gender:  Male  Female

Gender:  Male  Female

**THIS SECTION FOR W.S.H. USE:**

Received Credit Report Fee of: \$   
 Check  Cash

Date Application Received:



This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) or call 866-632-9992 to request the form. You may also write a letter containing all of the information, requested in the form. Send your completed complaint form or letter to us by mail at US Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue SW, Washington, DC 20250-9410, by fax 202-690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).