Housing Hope Properties
5830 Evergreen Way
Everett, WA 98203
Phone# 425.347.6556

Tulalip Tribes Housing Dept.
3107 Reuben Shelton Drive
Tulalip, WA 98271
Phone# 360.651.4580

# Tulalip Reservation
# SELF HELP HOUSING PROGRAM APPLICATION

- **Qualified applicants are selected based on the order completed applications are received.**
- Applications will be accepted at the Tulalip Tribes Housing Department and may also be mailed or hand-delivered to either address above.
- Applications must be accompanied with payment for an initial Tri-Merge credit report (see page 4).
- **YOU MUST complete all sides of this four-page Pre-Screening Application ….please print.**

| APPLICANT INFORMATION | CO-APPLICANT INFORMATION |
|---|---|
| Name | Name |
| Street Address | Street Address |
| City State ZIP | City State ZIP |
| How long living at this address: Years? Months? | How long living at this address: Years? Months? |
| What do you pay in Monthly Rent: $ | What do you pay in Monthly Rent: $ |
| Do you own any land or other real estate? ○ ***Yes*** ○ ***No*** | Do you own any land or other real estate? ○ ***Yes*** ○ ***No*** |
| Social Security Number#: - - | Social Security Number#: - - |
| Other name(s) used in last 7 years? | Other name(s) used in last 7 years? |
| Birth date: / / | Birth date: / / |
| Home Phone: _____ E-Mail Address: | Home Phone: _____ E-Mail Address: |
| Work Phone: | Work Phone: |
| Is it ok to contact you at work? ○ ***Yes*** ○ ***No*** | Is it ok to contact you at work? ○ ***Yes*** ○ ***No*** |

| Applicant U.S. Citizenship/Residency Status *(circle one)* | | Co-Applicant U.S. Citizenship/Residency Status *(circle one)* | |
|---|---|---|---|
| ○ U.S. Citizen | ○ Permanent Resident Alien | ○ U.S. Citizen | ○ Permanent Resident Alien |
| ○ Refugee | ○ Other | ○ Refugee | ○ Other |

| Applicant Tribal Affiliation *(circle one)* | | | Co-Applicant Tribal Affiliation *(circle one)* | | |
|---|---|---|---|---|---|
| Tulalip Tribes ○ Enroll#_____ | ○ Other: _____ | ○ None | Tulalip Tribes ○ Enroll#_____ | ○ Other: _____ | ○ None |

**List ONLY the people who'll be living in your NEW home, including YOU, all children and elderly/seniors:**

| *Name of Person* | *Age* | *Name of Person* | *Age* | *Name of Person* | *Age* |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## List all *Current* sources of income for all adult household members: *(18 years of age and older)*

**This would include your Job/Employment, Self Employed, Per Capita Payments, Fishing Income, Benefit Payments, Social Security, Disability, Senior Checks, Bonus, Child Support, TANF, General Assistance, Public Assistance, etc.**
**List all household income.**

| *Name of Person receiving Income? Name of Employer/Job?* | *How Long have you received this income?* | *MONTHLY GROSS INCOME* |
|---|---|---|
| | How many Years? How many Months? | $ |
| | How many Years? How many Months? | $ |
| | How many Years? How many Months? | $ |
| | How many Years? How many Months? | $ |
| | How many Years? How many Months? | $ |
| | How many Years? How many Months? | $ |
| Name of Person getting - PER CAPITA? | Monthly $$ of Per Capita? | $ |
| | $ | $ |
| | $ | $ |
| | $ | $ |
| | Total **Monthly** Income ALL SOURCES: ➔ *Add extra page if needed - include all sources | $ |

Also include any expected future income during next 12 months not listed : $_____
**What is the Source of Income _____.

*What does Applicant/Co-applicant spend on monthly consumer debts? Monthly Total = $_____
*Do not include rent, cable, utilities, etc.* Example Consumer Debts are: Car loans, credit cards, medical bills, student loans, child support payments etc.

* Has the Applicant or Co-Applicant had any of the following?

| | |
|---|---|
| More than 2 credit payments 30+ days late in the last year? | ○ *Yes* ○ *No* |
| Collections in the last 6 months? | ○ *Yes* ○ *No* |
| Judgments in the past year? | ○ *Yes* ○ *No* |
| Bankruptcy in the past three years? | ○ *Yes* ○ *No* |

***If YES* -** please provide, dates of occurrence, dollar amounts, dates paid/or discharged (or payment plan if still owing) and a brief summary. These items may affect eligibility for the USDA-RD Section 502 Sweat Equity Home Loan Program and MAY need to be resolved before you can be eligible for a Self Help home.

| *Original Date of Occurrence* | *Date discharged? Payment plan dates?* | *Dollar Amount?* | *Brief summary/description of the situation* |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

****Where or how did you hear about Self Help Housing? _____.**

## REQUIRED SWEAT EQUITY LABOR CONTRIBUTION

Self Help Housing is a SWEAT EQUITY HOMEOWNERSHIP PROGRAM and requires that each participating Applicant and Co-Applicant in a Owner-Builder Group contribute a minimum of 30 hours of productive labor per week towards the construction of all the homes in their Owner-Builder Group (construction generally takes about 12 months).

**NOTE:** At least 15 hours per week must be performed by the Applicant, Co-Applicant and their immediate family household – the balance of the required 30-hour minimum can be contributed by friends, relatives and other helpers recruited by the Applicant and Co-Applicant. *(Accommodations may be made for persons with disabilities.)*

***Are Applicant and Co-Applicant able to perform ANY of the following home construction tasks?**

**Hammering, lifting heavy objects, cutting lumber, climbing ladders, shoveling, painting?** ○ ***Yes*** ○ ***No***

**Do you have reliable transportation available to get to and from the building site?** ○ ***Yes*** ○ ***No***

**Can you provide consistent childcare for your children while construction is in progress?** ○ ***Yes*** ○ ***No***

***Can you & your family realistically contribute the minimum of 30 hours every week?** ○***Yes*** ○***No***

| **Please estimate number of hours of labor YOU AND YOUR VOLUNTEERS will contribute weekly.** | | |
|---|---|---|
| Applicant:_____hours | Co-Applicant: _____hours | Friends & Relatives: _____hours |

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# Pre-Screening Application Three Bureau Merged Credit Report:

**CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM**

Credit is a critical factor in determining your Credit, Financial Readiness and/or Loan Eligibility.
Please fill out and return this request with payment for a credit report.

I/we hereby authorize and instruct, Toni Wiegand, a Housing and Loan Counselor with Housing Hope to obtain and review my credit report. My credit report will be obtained from a credit-reporting agency chosen by Housing Hope. I/we understand and agree that Housing Hope intends to use the credit report for the purpose of evaluating my Credit, Financial Readiness and Loan Eligibility.

Pre-Screening Application Three Bureau Merged Credit Report Cost is:

- $10.00 per single individual
- $12.00 per married couple
- $20.00 per unmarried couple *(Applicant & Co-Applicant)*

Enclosed is my check or money order $_____ Payable to: Housing Hope

_____ _____
Applicant Signature Date

_____
Print name

_____ _____
Co-applicant Signature Date

_____
Print name

***In accordance with Federal law and U.S. Department of Agriculture policy, Housing Hope is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D. C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-5946 (TDD).*** *Tulalip tribal preference granted for housing on tribal land.*



Print Form