



Equal Housing Opportunity

**Please Note:** There is a \$10.00 Application Fee when submitting this Pre-screen Application. Please provide cash or a check payable to Rural CAP only.

**PRE-SCREENING APPLICATION FORM**

**Rural Alaska Community Action Program, Inc.  
Mutual Self-Help Housing Program**

Physical: 44539 Sterling Hwy, Suite 107, Soldotna, AK 99669

Mailing: PO Box 728, Soldotna, AK 99669

Phone: 907-260-3451 FAX: 907-260-3452

Date of Application \_\_\_\_\_

**Basic Information**

**Applicant**

**Co-Applicant**

Full Name: \_\_\_\_\_

Full Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Best Time/Way to contact you: \_\_\_\_\_

Best Time/Way to contact you: \_\_\_\_\_

List ALL individuals who will be living in the home and their ages (please include applicant and co-applicant)

Name	Date of Birth	Relationship (ie spouse, son, daughter, etc.)

Employment/Income Information

Applicant

Co-Applicant

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

How long have you worked in this profession? \_\_\_\_\_

How long have you worked in this profession? \_\_\_\_\_

Gross Monthly Income (before taxes): \_\_\_\_\_

Gross Monthly Income (before taxes): \_\_\_\_\_

Hourly wage \_\_\_\_\_ hours worked per week \_\_\_\_\_

Hourly wage \_\_\_\_\_ hours worked per week \_\_\_\_\_

If employed less than 2 years, please show past employment  
For two full years including dates employed:

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For two full years including dates employed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you receive any other form of income (child support, SSI,  
Disability, PFD, Native Dividends, etc.)? If yes, please itemize  
Source and amount:

Do you receive any other form of income (child support, SSI,  
Disability, PFD, Native Dividends, etc.)? If yes, please itemize  
source and amount received per month:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been previously married? \_\_\_\_\_

Have you been previously married? \_\_\_\_\_

Do you have a final dissolution/divorce decree? \_\_\_\_\_

Do you have a final dissolution/divorce decree? \_\_\_\_\_

Do you currently have a pending court case? \_\_\_\_\_

Do you currently have a pending court case? \_\_\_\_\_

If yes, please explain (child custody, divorce, etc.)

If yes, please explain (child custody, divorce, etc.)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you pay child support? If yes how much \_\_\_\_\_

Do you pay child support? If yes how much \_\_\_\_\_

Do you pay out of pocket for child care? If yes, who is your  
Provider and how much do you pay per month?

Do you pay out of pocket of child care? If yes, who is your  
Provider and how much do you pay per month?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Assessment of Commitment**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Do you have reliable transportation available to get to and from the building site? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you physically able to do light construction work?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you able to provide consistent child care for your children?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Can you realistically work a minimum of 35 hours per week per family unit?          | <input type="checkbox"/> | <input type="checkbox"/> |

**Residence Information**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Do you rent?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you related to your landlord?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you receive Section 8 vouchers?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If you rent, how much do you pay each month? _____   |                          |                          |
| 5. Who is your landlord and their contact number? _____   |                          |                          |
| 6. What is the physical address where you live? _____   |                          |                          |
| 7. How long have you lived at this address? _____   |                          |                          |
| 8. If you have lived at this address less than 2 years, please provide physical address, landlord information and dates you lived at the addresses for a full 2 year history: _____ |                          |                          |
| _____   |                          |                          |
| _____   |                          |                          |
| _____   |                          |                          |
| 9. Do you own a home?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does your current residence have running water and/or sewer?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does your current residence have complete kitchen facilities?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. How many bedrooms does your current residence have? _____   |                          |                          |
| 13. If you own a home, is it a mobile home, lack running water/sewer, power, electric, or heat?   | <input type="checkbox"/> | <input type="checkbox"/> |

**Financial Information**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 14. Has applicant or co-applicant had a bankruptcy?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. If you have had a bankruptcy, please specify when it was discharged: _____                      |                          |                          |
| 16. Has applicant or co-applicant had a judgment?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. If you have had a judgment, please indicate when it was paid in full: _____                     |                          |                          |
| 18. If the judgment is not paid in full, are you making payments? Please provide information below: |                          |                          |
| _____   |                          |                          |
| 19. Has applicant or co-applicant ever had a collection?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Do you have any unpaid collections?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Are you making payments on your unpaid collections?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Do you have paid collections?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Please explain reason behind collections and how you propose to satisfy them:                   |                          |                          |
| _____   |                          |                          |
| 24. Do you have any rental payments made over 30 days late in the past 2 years?                     | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, how many payments have been late? _____   |                          |                          |

25. Do you have monthly payments to a third party not disclosed on your credit report, i.e. car payments, rent to own, medical payments? \_\_\_\_\_

26. If yes to 24 above, please itemize who you pay, the amount you pay for each debt, and how much longer you have to pay:

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**Optional Information**

You are not required to furnish the following information, but; are encouraged to do so. The law provides that a lender may not discriminate on the basis of this information or whether you choose to furnish it. If you choose to provide the information, it may assist us in finding additional funding that could help reduce the cost of your mortgage loan.

**Ethnicity:**

Applicant:       Hispanic or Latino                       Not Hispanic or Latino  
Co-Applicant:    Hispanic or Latino                       Not Hispanic or Latino

**Race:**

Applicant:       American Indian or Alaskan Native       Asian                       Black or African American  
                     Native Hawaiian or Pacific Islander       White  
Co-Applicant:    American Indian or Alaskan Native       Asian                       Black or African American  
                     Native Hawaiian or Pacific Islander       White

**Sex:**

Applicant:       Male     Female  
Co-Applicant:    Male     Female

I do not wish to provide this information

Are you a veteran?

Applicant:       Yes                       No  
Co-Applicant:    Yes                       No

If you are Alaska Native or American Indian, do you have a BIA card?

Applicant:       Yes                       No  
Co-Applicant:    Yes                       No

If you are Alaska Native or American Indian, what is your tribal affiliation and/or native corporation information?

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I acknowledge that I understand that the information contained on this form will be used for pre-screening only. Final Loan determination comes from USDA Rural Development after a full 502 mortgage loan application is submitted for review.

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Applicant

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Co-Applicant

**Credit Information Release Form**

I (We)\* authorize RurAL CAP, or its representative(s), to obtain a copy of my (our) credit history from a credit reporting agency, or other agencies or firms, and to release information on my (our) credit history, financial background, and employment status, as well as other information that may be required in the securing of a home mortgage. I/we also authorize the release of needed information from Public Assistance, Social Security, the Department of Labor, and Child Support Services.

I/We understand that RurAL CAP is not representing any creditor or reporting credit bureau and is in no way responsible or liable for clearing any disputed information that may be contained within a credit report.

Applicant:

Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Present mailing address: \_\_\_\_\_  
\_\_\_\_\_

If less than 2 years, previous mailing address: \_\_\_\_\_  
\_\_\_\_\_

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

Co-applicant:

Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Present mailing address: \_\_\_\_\_  
\_\_\_\_\_

If less than 2 years, previous mailing address: \_\_\_\_\_  
\_\_\_\_\_

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

Notice:

You have the right to have any disputed information reinvestigated by the credit bureau. If the reinvestigation does not resolve the dispute, you may file with the credit bureau a brief statement setting forth the nature of the dispute.





**United States Department of Agriculture  
Rural Development  
Rural Housing Service**

**AUTHORIZATION TO RELEASE INFORMATION**

TO: \_\_\_\_\_

RE: \_\_\_\_\_  
Account or Other Identifying Number

\_\_\_\_\_  
Name of Customer

I, and/or adults in my household, have applied for or obtained a loan or grant from the Rural Housing Service (RHS), part of the Rural Development mission area of the United States Department of Agriculture. As part of this process or in considering my household for interest credit, payment assistance, or other servicing assistance on such loan, RHS may verify information contained in my request for assistance and in other documents required in connection with the request.

I, or another adult in my household, authorize you to provide to RHS for verification purposes the following applicable information:

- Past and present employment or income records.
- Bank account, stock holdings, and any other asset balances.
- Past and present landlord references
- Other consumer credit references.

If the request is for a new loan or grant, I further authorize RHS to order a consumer credit report and verify other credit information.

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

The recipient of this form may rely on the Government's representation that the loan is still in existence.

The information RHS obtains is only to be used to process my request for a loan or grant, interest credit, payment assistance, or other servicing assistance. I acknowledge that I have received a copy of the Notice to Applicant Regarding Privacy Act Information. I understand that if I have requested interest credit or payment assistance, this authorization to release information will cover any future requests for such assistance and that I will not be renotified of the Privacy Act information unless the Privacy Act information has changed concerning use of such information.

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

Your prompt reply is appreciated.

\_\_\_\_\_  
Signature (*Applicant or Adult Household Member*)

\_\_\_\_\_  
Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless as displays a valid OMB control number. The valid OMB control number for this information collection is 0575-0172. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

*RHS Is An Equal Opportunity Lender*

SEE ATTACHED PRIVACY ACT NOTICE



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Rural Development  
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