

# COMMUNITY ACTION TEAM SELF HELP HOUSING PROGRAM SCREENING FORM

**APPLICANT**

**CO-APPLICANT**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

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

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

U.S. Citizen? Yes: \_\_\_\_ No: \_\_\_\_

U.S. Citizen? Yes: \_\_\_\_ No: \_\_\_\_

If no, what is your residency status?  
\_\_\_\_\_

If no, what is your residency status?  
\_\_\_\_\_

**Marital Status**

Married     Separated  
 Unmarried (include single, divorced, widowed)  
If divorced please provide a copy of your  
divorce decree and all accompanying documents.

Married     Separated  
 Unmarried (include single, divorced, widowed)  
If divorced please provide a copy of your  
divorce decree and all accompanying documents.

Current Address: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**If at above address less than 2 years**

Previous Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

List all other members of your household, both children and adults

|    | Name  | Age   |    | Name  | Age   |
|----|-------|-------|----|-------|-------|
| 1. | _____ | _____ | 5. | _____ | _____ |
| 2. | _____ | _____ | 6. | _____ | _____ |
| 3. | _____ | _____ | 7. | _____ | _____ |
| 4. | _____ | _____ | 8. | _____ | _____ |

**APPLICANT**

**CO-APPLICANT**

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

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

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

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

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

Does your household receive any other income: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
(Include Commission, tips, child support, Bonus, Social Security, Unemployment, D.S.H.S., V.A benefits 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.

| Creditor: | Monthly Payment: | Balance Owed: |
|-----------|------------------|---------------|
| _____     | _____            | _____         |
| _____     | _____            | _____         |
| _____     | _____            | _____         |
| _____     | _____            | _____         |
| _____     | _____            | _____         |
| _____     | _____            | _____         |
| _____     | _____            | _____         |

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

(CIRCLE YES or NO or FILL IN THE BLANK SPACE)

- 1.** Do you presently rent? Yes No  
Payment Amount: \_\_\_\_\_
- 2.** Do you own any real property: Yes No  
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: \_\_\_\_\_  
Are there any collections still open? Yes No
- 6.** Do you have cash or assets (other than your car) over \$15,000.00?  
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? Children under 16 are not allowed on the job site per Oregon State Law:  
Yes No
- 10.** Can you realistically work a minimum of 30 hours per week to build your home and those in your building group? Yes No
- 11.** Has any household member ever been convicted of criminal charges?  
Yes No  
If yes please explain: \_\_\_\_\_
- 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 Community Action Team Inc. 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: \_\_\_\_\_

**Please note:**

This is the initial step in the qualification process. This document is a screening form only. After Community Action Team Inc. completes a thorough evaluation and review of this completed document you will be informed on the next step in the process. Final approval of your admittance into this program resides with the United States Department of Agriculture – Rural Development Office.

# COMMUNITY ACTION TEAM SELF HELP HOUSING PROGRAM

125 North 17<sup>th</sup> St. St. Helens, Oregon, 97051  
503-366-6553 fax: 503-397-3290

"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

- American Indian or Alaska Native
- Black, or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- Pacific Islander
- White
- Other (specify) \_\_\_\_\_
- I do not wish to furnish this information

## 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) \_\_\_\_\_
- I do not wish to furnish this information

### Check your answer:

Gender:  Male  Female

Gender:  Male  Female

For use by Community Action Team Inc:

Date Screening Form Received \_\_\_\_\_

## **FREQUENTLY ASKED QUESTIONS:**

### **\*\* WHO IS COMMUNITY ACTION TEAM INC.? \*\***

Community Action Team Inc. is a private non-profit corporation. The Self Help Housing program was formed to assist low-income families interested in homeownership, through building their own homes.

Our services are free to our clients and include:

- Formation of building groups of 4-8 families who will be working on the construction of each other's homes
- Assistance in applying for a 502 Rural Housing Loan from Rural Development.
- Provision of fully serviced, builder ready lots
- 3 bedroom townhome with garage plans
- Assistance in selection of subcontractors
- Building account management and construction budgeting
- Instruction and supervision is provided during every phase of the construction process

### **\*\* WHAT KIND OF FEATURES WILL MY NEW HOME HAVE? \*\***

- Insulated walls, floors, windows & doors
- Double wall construction
- Basic appliances & washer/dryer hookups
- See brochure for more details

### **\*\* HOW MUCH DO I HAVE TO PAY OUT OF MY POCKET? \*\***

Those who qualify and are accepted into the program will pay no money down, no out of pocket closing costs and make no mortgage payments during construction. You may be asked to pay for your credit report and your first year homeowner's insurance premium.

### **\*\* WHEN MY HOME IS COMPLETED WILL MY PAYMENTS BE TOO HIGH TO MAKE? \*\***

Upon successful completion of the program, monthly loan payments will be based upon your current income level and are often less than you now pay for rent.

### **\*\* OK, WHAT'S THE CATCH? \*\***

NO CATCH! You simply commit the time and effort that you must invest in the building process. Although much of the technical work is subcontracted out (i.e. plumbing, electrical, drywall & roofing), you save thousands of dollars by working on the construction of the homes in your building group. Self Help builders are ordinary people like you with an extraordinary desire for home ownership.

### **\*\*WHAT DO I HAVE TO DO TO QUALIFY? \*\***

- Complete a pre-application
- Good Credit Scores are part of the evaluation. If you have a bankruptcy within the last three years, you may still qualify
- Collections owing must be paid or be making payments on the debt
- Meet Rural Development's income/debt ratios
- Have assets less than \$15,000 (excluding your car)
- Be able to dedicate 30 hours per week for 9-11 months to building with your group
- Commit to share work with the other families in your group

### **\*\* HOW DO I APPLY FOR THIS PROGRAM? \*\***

- Complete & Sign the Pre-Qualification Form
- Return the Pre-Qualification Form and Requested Documents to Community Action Team

# COLUMBIA COUNTY INCOME LIMITS

**Income eligibility for our mortgages is based on 80% of the median income for Columbia County. Current figures are broken down by family size as follows:**

**2010 Figures**

**LOW INCOME**

**(Gross)**

| <u>Family Size</u> | <u>Maximum Income Limits</u> |
|--------------------|------------------------------|
| 1 Person           | \$39,920.00                  |
| 2 Persons          | \$45,600.00                  |
| 3 Persons          | \$51,280.00                  |
| 4 Persons          | \$56,960.00                  |
| 5 Persons          | \$61,520.00                  |
| 6 Persons          | \$66,080.00                  |
| 7 Persons          | \$70,640.00                  |
| 8 Persons          | \$75,200.00                  |

A \$480.00 per-child deduction may be subtracted from gross income.  
Childcare costs may be deducted from gross income.



