Attached is a pre-application for the Self Help Housing Program. Two programs to choose from one great goal, homeownership!

Please read carefully and complete the entire application, provide all necessary information.

**To complete your pre-application you will need to provide:**

- The completed application
- Proof of Income (1 months paystubs, state assistance, child support (if applicable) or any Other income for everyone over the age of 18 years old)
- Credit report fee $16.00 (make checks payable to UBAOG)

*All information must be submitted for the pre-application to be processed.*

Once pre eligibility is determined, it will be necessary to conduct an interview to determine your eligibility for the program. During interview be prepared to provide additional documentation and time to fill out a 502 Loan application from USDA-RD. USDA-RD requires a $25.00 Processing fee. (Make checks payable to USDA-RD).

For the Mutual Self Help Housing Program, after submittal to USDA-RD all qualified participants will need to wait for a group to be formed.

We offer some credit counseling and advice to help with your credit, remember homeownership is a goal that can be achieved if you are dedicated and willing to work hard towards that goal.

We are an Equal Opportunity Employer/Program:
Any accommodations including Auxiliary aids and services are available upon request to individuals with disabilities by calling 435-722-4518 at least 3 days prior to your appointment. Individuals with speech and/or hearing impairments may call the **Relay Utah by dialing 711, and/or Spanish Relay Utah: 1-888-346-3162 for assistance.**

For questions please call or email using the information provided below.

Jeannie Powell
Housing Coordinator
Email [jeanniep@ubaog.org](mailto:jeanniep@ubaog.org)

330 East 100 South Roosevelt Utah 84066 Phone 435-722-4518 Fax 435-722-4890
**Date of application _______________**

**Program applying for: (Mark one)**
- Self-Help Housing
- Mutual Self Help Housing  ______
- Self Help Acquisition Rehabilitation Program   _____

**County:**
- Daggett____  Duchesne _____    Uintah _____

FOR SPEECH AND HEARING IMPAIRED CALL 711 RELAY UTAH, AND/OR SPANISH RELAY UTAH: 1-888-346-3162 FOR ASSISTANCE.

<table>
<thead>
<tr>
<th>2. Applicant</th>
<th>3. Co-Applicant</th>
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<tbody>
<tr>
<td>Name:</td>
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<tr>
<td>Address:</td>
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<td>Social Security #:</td>
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<td>Best Time to reach you by phone:</td>
<td>Best Time to reach you by phone:</td>
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<td>How Long at current address?:</td>
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4. **Name, address and relationship of nearest relative?** _________________________________________________________________

5. **Full names and ages of all children in the household?** _________________________________________________________________

6. **Are there any other member of your household?** Names and Relationships?

   - Total number living in household? ______________________

7. **Are you a citizen of U.S.?** Yes____  No ______

8. **Have you had a USDA Loan?** Yes _____  No  ______

9. **How much do you pay in rent each month?** _____________

10. **Average utilities costs monthly?** __________________

11. **Do you own a house or mobile home?** Yes_____ No _____

12. **Statement of Commitment**

   **For Mutual Self Help answer all question for Acquisition Rehab only answer questions A, B, D, E, F, G, and H**

   A. **The self-help program requires that each household work 30 hours per week on home construction. Can you realistically work a minimum of 30 hours per week, per family unit?** Yes_____ No _____

   B. **How many hours per week do you plan to have the following people contribute?**

   - Applicant: _______ Hours  Co-Applicant: _______  Relatives _______  Friends _______ hours.

   C. **Are you willing to work to mutually complete all the homes in your group?** Yes_____  No _____

   (No exceptions: all must work on all homes)

   D. **Are you able to do common construction work such as hammering, lifting, cutting, climbing, shoveling and painting?**

   - Yes _____  No _____

   E. **Do you have transportation to get to and from the construction site?** Yes _____  No _____

   F. **Are you able to provide consistent child care for your children while building your home?** Yes _____  No _____

   G. **Are you willing to provide NMHR and USDA all 502 Mortgage application info?** Yes _____  No _____

   H. **Explain how you heard about this program you are applying for?**

   Signature of Applicant:_________________________________  Co-Applicant:___________________________________
13. What is your total current gross household income for the past year?

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<tr>
<th>Applicant</th>
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14. Name of Employer: __________________________________________
    Date of Employment: ________________________________
    Type of Work: ______________________________________
    Rate of pay per hour: ________________________________
    Avg. Hours worked per week: __________________________
    Anticipated annual income for the next 12 months: ______

15. Name of Employer: __________________________________________
    Date of Employment: ________________________________
    Type of Work: ______________________________________
    Rate of pay per hour: ________________________________
    Avg. Hours worked per week: __________________________
    Anticipated annual income for the next 12 months: ______

16. Do you or anyone in household receive Social Security? Yes ____ No ____ , if yes provide documentation. Amount? __________

17. Do you receive Child Support?  Yes ____ No ____  Amount? __________

18. Did you receive earned income credit when you filed your taxes last year?  Yes ____ No ____ Amount? __________

19. Any other income? Yes ____ No ____ . If yes, please include a brief summary of the situation, date of and date Paid:
   __________________________________________________________________________________________

**Credit History**

20. Have either the applicant or co-applicant had a bankruptcy?  Yes ____ No ____  If yes, when was it discharged? __________
    Do you have or had a collection? Yes ____ No ____  If yes, please include a brief summary of the situation, date, and date Paid: __________________________________________________________________________

21. Have you ever lost a home through forfeiture or foreclosure?  Yes ____ No ____  If yes, when? ______________________________________________________________________

22. Have you been 30 days late on a payment more than twice in the past 12 months?  Yes _____ No _____

**Financial Obligations**

Outline present monthly payment of debts, such as credit cards, medical, loans, or any child support payments you are obligated to make. (Do not include food, utilities or cash expenses). If you must pay for child care while you are at work, please include this amount in your monthly payments.

<table>
<thead>
<tr>
<th>Creditor</th>
<th>Monthly Payments</th>
<th>Balance Remaining</th>
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Please return completed form to:

Uintah Basin Association of Governments
SELF-HELP HOUSING
330 East 100 South - Roosevelt, UT 84066
Phone: 435-722-4518 Fax: 435-722-4890
Or email to jeanniep@ubaog.org

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AUTHORITY TO VERIFY CREDIT INFORMATION

This is your authority to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make any other inquiries pertaining to my qualification for a mortgage loan from you. You may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

Privacy act Notice: This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under this program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. **If application is withdrawn or denied credit report fee will not be reimbursed.**

________________________________________________________
Applicant Signature

________________________________________________________

Date

________________________________________________________
Please Print Name

SS#____________________

Date of Birth___________________________

________________________________________________________
Co-Applicants Signature

________________________________________________________

Date

________________________________________________________
Please Print Name

SS#____________________

Date of Birth___________________________

Current Address

Previous Address

________________________________________________________

________________________________________________________

________________________________________________________

By signing the "Verification", client gives UBAOG permission to share information with other lending institutions that may be beneficial in your loan process.
RACE AND ETHNIC DATA

THE FOLLOWING IS FOR STATISTICAL PURPOSES ONLY AND IS VOLUNTARY

____ Applicant declined to answer the above questions

PLEASE MARK ONE ON EACH SECTION

☐ American Indian or Alaska Native
☐ Black or African American
☐ White
☐ Asian and White
☐ American Indian or Alaska Native and Black or African American
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ American Indian or Alaska Native and White
☐ Black or African American and White
☐ Other multiple race Combinations greater than one percent

☐ Hispanic/Latino
☐ Not Hispanic/Latino

Signature:_________________________________  Date__________________________