

# COACHELLA VALLEY HOUSING COALITION

## PRE-APPLICATION FOR MUTUAL SELF HELP HOUSING PROGRAM

IN WHAT CITY WOULD YOU LIKE TO BUILD YOUR HOUSE?

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_  
*First choice Second choice Third choice*

**A credit check fee MUST accompany this form. \$10.00 per couple, \$10.00 per individual or \$12.00 for unmarried couple living at same address. CHECK OR MONEY ORDER ONLY. Please ask for a receipt**

APPLICANT: \_\_\_\_\_ SS# \_\_\_\_\_  
CO-APPLICANT: \_\_\_\_\_ SS# \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

# Street City State Zip Code

MAILING ADDRESS \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ MESSAGE# (\_\_\_\_\_) \_\_\_\_\_

NUMBER OF PERSONS WHO WILL LIVE IN THE HOME \_\_\_\_\_ AGES OF APPLICANTS \_\_\_\_\_

AGES OF DEPENDENTS OR OTHERS WHO WILL LIVE IN THE HOME \_\_\_\_\_

APPLICANT'S GROSS ANNUAL INCOME \$ \_\_\_\_\_ CO-APPLICANT'S \$ \_\_\_\_\_

IF SELF-EMPLOYED, NET ANNUAL INCOME \$ \_\_\_\_\_

OTHER INCOME: AFDC,SDI,SSI, OTHER \_\_\_\_\_ ANNUAL AMT. \$ \_\_\_\_\_

PRESENT RENT: \$ \_\_\_\_\_ HOW LONG \_\_\_\_\_ CURRENT HOUSE CONDITIONS? (GOOD,  
AVERAGE, POOR): \_\_\_\_\_ IF POOR, DESCRIBE: \_\_\_\_\_

APPLICANTS EMPLOYER: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Telephone

OCCUPATION: \_\_\_\_\_ HOW LONG \_\_\_\_\_

CO-APPLICANTS EMPLOYER: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Telephone

OCCUPATION: \_\_\_\_\_ HOW LONG \_\_\_\_\_

HOW DID YOU FIND OUT ABOUT OUR PROGRAM? \_\_\_\_\_

I understand that this form will be used to establish my interest in the mutual self-help program and will be evaluated prior to being placed on the waiting list. I also understand that if I am offered an opportunity to apply for a loan in the areas I have specified and I refuse I will lose my place on the waiting list. By signing this form, I understand and agree to abide by the rules and regulations established by CVHC. In addition, I give permission to CVHC to request a credit report in my name.

Applicant's signature \_\_\_\_\_ Co-applicant's \_\_\_\_\_ Date \_\_\_\_\_

**Return Form & Fee To :** Coachella Valley Housing Coalition  
45701 Monroe St., Ste. G  
Indio, CA 92201  
(760) 347-3157

**FOR OFFICE USE ONLY**  
Application fee: amt.\$ \_\_\_\_\_  
Check# \_\_\_\_\_ Date rec'd.: \_\_\_\_\_  
Rec'd By: \_\_\_\_\_

The following information is requested by this agency in order to assure the Federal Government, acting through its agencies, that Federal Laws prohibiting discrimination against applicants on the grounds of race, color, creed, national origin, religion, sex, marital or familial status, age, or physical or mental handicap are complied with. 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, this agency is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.