

COACHELLA VALLEY HOUSING COALITION  
APPLICATION FOR WAITING LIST FOR THE MUTUAL SELF HELP PROGRAM

WHAT CITY WOULD YOU LIKE TO BUY YOUR HOUSE IN? PLEASE LIST YOUR CHOICES BELOW.

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
First Choice Second Choice Third Choice

A CHECK OR MONEY ORDER must accompany this form to pay for a credit report. \$10.00 for a married couple, \$10.00 per individual or \$12.00 for an unmarried couple living at the same address. Please ask for a receipt, if mailing application in, receipt will be mailed out to you within 24hrs of receiving your application.

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ SS# \_\_\_\_\_

CO-APPLICANT LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ SS# \_\_\_\_\_

RELATIONSHIP OF APPLICANTS? \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
# Street City State Zip Code

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

HOME PHONE: ( ) \_\_\_\_\_ MESSAGE ( ) \_\_\_\_\_

APPLICANT EMAIL: \_\_\_\_\_ NUMBER OF PERSONS LIVING IN THE HOME: \_\_\_\_\_  
PLEASE CIRCLE NUMBER OF MINORS UNDER THE AGE OF 18 THAT WILL LIVE IN THE HOME: 1 2 3 4 5 6 7 8+

APPLICANT: \_\_\_\_ / \_\_\_\_\_, HIGHEST LEVEL OF EDUCATION COMPLETED: \_\_\_\_\_  
AGE & D.O.B MM/DD/YY

CO-APPLICANT'S: \_\_\_\_ / \_\_\_\_\_, HIGHEST LEVEL OF EDUCATION COMPLETED: \_\_\_\_\_  
AGE & D.O.B MM/DD/YY

APPLICANT'S GROSS INCOME: \$ \_\_\_\_\_ PLEASE INDICATE IF (\_\_\_\_ HOURLY)(\_\_\_\_ WEEKLY)(\_\_\_\_ BIWEEKLY)(\_\_\_\_ ANNUALLY)

OTHER INCOME: AFDC, SDI, SSI, OTHER: \_\_\_\_\_

CO-APPLICANTS GROSS INCOME: \$ \_\_\_\_\_ PLEASE INDICATE IF BY (\_\_\_\_ HOURLY)(\_\_\_\_ WEEKLY)(\_\_\_\_ BIWEEKLY)(\_\_\_\_ ANNUALLY)

OTHER INCOME: AFDC, SDI, SSI, OTHER: \_\_\_\_\_

PRESENT RENT: \$ \_\_\_\_\_ HOW LONG: \_\_\_\_\_ MONTH(S) \_\_\_\_\_ YEAR(S)

PLEASE INDICATE CURRENT HOUSING CONDITION: \_\_\_ GOOD \_\_\_ FAIR \_\_\_ BAD, IF BAD PLEASE EXPLAIN: \_\_\_\_\_

APPLICANT'S EMPLOYER: \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ HOW LONG: \_\_\_\_\_ MONTH(S) \_\_\_\_\_ YEAR(S)

CO-APPLICANT'S EMPLOYER: \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ HOW LONG: \_\_\_\_\_ MONTH(S) \_\_\_\_\_ YEAR(S)

HOW DID YOU HEAR ABOUT THE PROGRAM? \_\_\_ FLYER \_\_\_ A FRIEND \_\_\_ EVENT \_\_\_ INTERNET \_\_\_ RADIO \_\_\_

TELEVISION \_\_\_ FAMILY \_\_\_ OTHER \_\_\_ (SPECIFY) \_\_\_\_\_

DO YOU HAVE AN APPLICATION WITH ANOTHER HOUSING AGENCY?  YES  NO IF YES, WHERE? \_\_\_\_\_

FOR OFFICE USE ONLY:

Send Application and payment to:  
Coachella Valley Housing Coalition  
45-701 Monroe St. Suite G  
Indio, CA 92201  
(760) 347-3157

Self-Help# \_\_\_\_\_ WL# \_\_\_\_\_  
Application Fee: \$ \_\_\_\_\_ Date Received \_\_\_\_\_  
Money Order # \_\_\_\_\_ Check # \_\_\_\_\_  
Received 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, nation origin, religion, sex, martial or familial status, age or physical or mental handicap are complied with. You are not required to furnish this information, but are encourage doing so. This information will not be used in evaluating your application or to discriminate against you in any way. 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 observation or surname.

Preferred language: \_\_\_\_\_ U.S. Veteran? \_\_\_ Yes \_\_\_ No - APPLICANT: \_\_\_\_\_ I do not wish to provide this information A.  
Gender of Applicant \_\_\_ Male \_\_\_ Female Sex of Co-Applicant: \_\_\_ Female \_\_\_ Male B. Marital Status \_\_\_\_\_  
Married \_\_\_ Separated \_\_\_ Unmarried (includes single, divorced or widowed) C. Race/National Origin: \_\_\_ White (Non-Hispanic)  
Hispanic \_\_\_ Black Non-Hispanic \_\_\_ Asian or Pacific Islander \_\_\_ American Indian or Alaska Native \_\_\_ Other (Specify) \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION**

I/We hereby authorize and direct any Federal, State or local agency, organization, business or individual to release to Coachella Valley Housing Coalition, its employees, agents or assigns (hereinafter collectively referred as "CVHC") to release/exchange any information or materials requested in order to facilitate my participation in CVHC's Mutual Self-Help Program, Foreclosure Counseling Program and/or Credit Counseling Program. I agree that a photocopy of this may also serve as authorization.

The groups or individuals that may be asked to release the above information includes but is not limited to:

- Mortgage companies
- Past and present employers
- Support and alimony administrators
- Social Security Administration
- Veterans Administration
- State unemployment agencies
- Utility companies
- Banks & financial institutions
- Non-profit organizations

I/We further authorize CVHC to order a consumer credit report as part of the CVHC's Mutual Self-Help Program, Foreclosure Counseling Program and/or Credit Counseling Program.

I/We also authorize CVHC to exchange information with all pertinent parties in order to assist me with the best plan to resolve my immediate situation. I authorize the exchange of information with any party authorized in this release to include but no be limited to in person, via phone, via fax and via email.

This authorization will stay in effect until I complete my participation in the Mutual Self-Help Program, Foreclosure Counseling Program and/or Credit Counseling Program or revoke this authorization in writing. I understand that this form will be used to establish my interest in the CVHC's Mutual Self-Help Program, Foreclosure Counseling Program and/or Credit Counseling Program. 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: \_\_\_\_\_  
Name (please print) Signature Date

Co-Applicant: \_\_\_\_\_  
Name (please print) Signature Date