

****FOR OFFICE USE ONLY****

Monthly Income: \$	Annual Income: \$	% of Median:
PITI: 20%: \$	29%: \$	Debt-to-Income Ratio:
# in Household:	Financing:	
NOTES:		
FOLLOW-UP:		

PRELIMINARY INTAKE FOR HOUSING

Return completed preliminary intake form along with credit report fee (\$ 15.00 for each adult in household)
to: People's Self-Help Housing, Inc., 307 KY 59 Vanceburg, KY 41179 Phone: (606)796-6333
Fax: (606) 796-2606 TDD: 800-648-6056

Please list all persons in household, starting with applicant:

<u>Name</u>	<u>Sex (M/F)</u>	<u>Relationship to Applicant</u>	<u>SS#</u>	<u>Birthdate</u>	<u>Age</u>
		Applicant			
		Co-Applicant			

Address (including City, State & Zip Code): _____

Phone (if no phone, give contact or message number): _____

Please list amount and sources of ALL household income received by any member of household (include cash and non-cash income, e.g. Food Stamps) and how long you have received each source of income (e.g. 4 months, 1 year):

<u>Monthly Amount (\$)</u>	<u>Source of Income</u>	<u>Length of Time Received</u>

Total Monthly GROSS Cash Income for Entire Household: \$ _____

MONTHLY PAYMENTS: Please list all monthly expenditures on credit payments, e.g. credit card, bank loan, car payment, finance payments, personal loan, student loan, etc.

<u>Name of Creditor/Type of Bill</u>	<u>Monthly Payment Amount</u>	<u>Balance Owed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of Housing Assistance Requested: New Home _____ Repair or Rehab Existing Home _____

Briefly describe your present housing condition and needs, including the amount of your monthly house or rent payment (if any).

Do you own your home? _____ Do you have a deed to the property? _____

How long have you lived in your present home? _____

Please provide specific directions to your home or property:

People's Self-Help Housing, Inc. (PSHH) does not discriminate against any person in the provision of services or in any other manner on the grounds of race, color, religion, sex, national origin, sexual orientation, gender identity, marital status, familiar status, ancestry, age, disability or veteran status.

By signing below, I state that all information given on this intake form is true, correct and complete. I am also giving PSHH permission to complete a tri-merge credit check and household income verification on me and/or any family members listed on this application and/or who will live in the household.

Applicant

Date

Co-Applicant

Date



PEOPLE'S SELF-HELP HOUSING, INC. PRIVACY POLICY

Statement of Philosophy

People's Self-Help Housing, Inc. (PSHH) is committed to making available financial products and services that will enable families to have decent, safe, affordable and sanitary housing. Protecting personal information and using it in a manner consistent with our client's expectations is a high priority. To ensure that our members can rely upon the quality of products and services we make available, PSHH stands behind the following policy:

1. PSHH will only collect the personal information that is necessary to conduct our business. That means we will only collect what is necessary to provide competitive financial products and services and to safeguard the assets of PSHH.
2. PSHH will protect our clients and former client's personal information. We will maintain strong security controls to ensure that client information in our files and computers is protected. Where appropriate, we will use security-coding techniques to protect against unauthorized access to personal records, ensure accuracy and integrity of communications and transactions, and protect client confidentiality. PSHH shall restrict access to client information to those employees, directors and other volunteers who have need for it to provide services to the clients or to fulfill their legal or fiduciary responsibilities. PSHH employees and volunteers will be informed of their responsibility to protect confidential information and are bound by this Privacy Policy.
3. Clients shall have reasonable access to their information. PSHH has the responsibility to ensure that the records are complete and accurate.
4. PSHH will not disclose nonpublic personal information to non-affiliated third parties except:
 - When the client authorizes the disclosure
 - When the disclosure is authorized by applicable law
 - When such disclosure is required to complete a transaction
 - When necessary to comply with any court order, applicable law or regulation
 - When necessary to verify the existence and condition of an account for a third party as permitted by law
 - When PSHH has a joint marketing agreement with a third party financial institution (such as an insurance company) and the third party financial institution is contractually obligated to keep any disclosed nonpublic personal information confidential and to use the information only for the purpose of the joint marketing agreement
5. Under no circumstances will we authorize any firm to change our clients account without our clients' express consent and PSHH will not sell member information to telemarketing firms.

Acknowledgement of Receipt of PSHH's Privacy Policy

I/We have received a copy of People's Self-Help Housing Inc. Privacy Policy and all of my/our questions have been answered to my/our satisfaction.

Applicant Name

Date

Co-Applicant Name

Date

AUTHORIZATION TO RELEASE INFORMATION

TO: _____

RE: _____

Account or other Identifying Number

I have applied for or obtained a loan or grant from People's Self-Help Housing, Inc. (PSHH). As part of the process, PSHH may verify information contained in my request for assistance and in other documents required in connection with the request.

I authorize you to provide to PSHH for verification purposes the following applicable information:

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

If the request is for new loan or grant, I further authorize PSHH 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, 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 PSHH without further notice or authorization, but will not be disclosed or released by PSHH to another agency or department or used for another purpose without my consent except as required or permitted by law.

The information PSHH obtains is only to be used in the processing of my request for assistance.

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

Your prompt reply is appreciated.

Signature

Date

PSHH Is an Equal Opportunity Lender



**DISCLOSURE OF POTENTIAL
CONFLICT OF INTEREST**

Applicant Name (please print): _____

The undersigned hereby certifies that he/she or any member of their household is not:
(Check all that are applicable.)

___ An employee of People's Self-Help Housing, Inc. (PSHH)

___ A member of the PSHH Board of Directors

___ Related to an employee(s) of PSHH*

___ Related to a member of the PSHH Board of Directors*

* Related is defined as a spouse, parent, child, brother, sister, grandparent, including steps and in-laws, as well as any immediate family member related by blood, marriage, adoption, but not distant relations such as cousins, aunts and uncles.

Signature of Applicant

Date

If the applicant cannot certify the above please describe the reason or reasons below:

Signature of Applicant

Date