	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 prelimina	ry form to: Pec	ople's Self-Help Hous	ing, Inc., 307 KY 59	Vanceburg, KY 4117	79
Phone: (606)796-6333 Fax: (6	06) 7 96-2606 <u>T</u>	<u>DD:</u> 800-648-6056			
Please list all persons in househ	old, starting wit	h applicant:			
Name	Sex (M/F)	Relationship to Applicant	SS#	Birthdate	Age
		<u>Applicant</u>			
		Co-Applicant			
			<u> </u>		
			4		
Address (including City, State	& Zip Code):				
Phone (if no phone, give conta	ect or message n	umber):			
Please list amount and sources of received each source of income			any member of househ	old_and how long you	have
Monthly Amount (\$)	<u>Tv</u>	pe of Income	Leng	th of Time Received	:
	•				
Total Monthly GROSS Income	for Entire House	shold: \$			
					

MONTHLY PAYMENTS: Please list a payment, finance payments, personal lo	ll monthly expenditures on credit payments oan, student loan, etc.	s, e.g. credit card, bank loan, car
Name of Creditor/Type of Bill	Monthly Payment Amount	Balance Owed
		· · · · · · · · · · · · · · · · · · ·
ASSETS: Please list all assets you own,	e.g. cars, bank accounts, etc.	
Type of Asset		Estimated Asset Value
Briefly describe your present housing co	New Home Repair or Rehab Existent of the Amount of th	
payment (if any).		
Do you own your home? Wha	at type of home? Do you have a	deed to the property?
How long have you lived in your presen	t home?	_
Please provide specific directions to you	r home or property:	
	l) does not discriminate against any person dor, religion, sex, national origin, sexual ori ability or veteran status.	
	ation given on this intake form is true, corr ge credit check and household income verit or who will live in the household.	
Applicant	Da	te
Co-Applicant	Da	te



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.

THE HISTORY OF EQUAL HOUSING OPPORTUNITIES IN KENTUCKY

*With the passage of the Fair Housing Law in 1968, The Commonwealth of Kentucky established a public policy of encouraging fair treatment and equal housing opportunities for all persons regardless of race, color, religion, or national origin.

*The KY General Assembly said that discrimination against an individual represents and affront to the dignity of the individual against whom it is directed, intensifies group conflict, and is detrimental to the public health, safety or welfare.

*In 1972, the KY General Assembly broadened this law by eliminating all the major exemptions and thus covering virtually all housing in Kentucky. Discrimination by the owner in the public sale or rental of an individual home by the owner was prohibited.

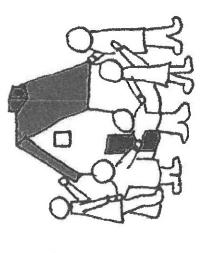
*In 1980, the Y General Assembly again broadened the law to prohibit sex discrimination in housing.

*In 1992, the KY General Assembly expanded the law to prohibit familial status and disability discrimination in housing.

HOW TO FILE A DISRIMINATION COMPLAINT



KCHR is located at 332 West Broadway, Suite 700, Louisville, KY 40202. For more information about the right to fair housing and other civil rights, or to fair housing and other civil rights, or to file a discrimination complaint, call us at 1-800-292-5566 or 502-595-4024. You may visit the website at www.state.ky.us/agencies2kchr.



People's Self-Help Housing, Inc.

A community-based non-profit corporation, providing affordable, quality housing for low and moderate income families in Lewis County since 1982.

Promotes Fair Housing

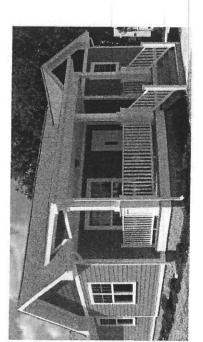
307 KY 59 Vanceburg, KY 41179 606-796-6333 TDD: 1-800-648-6056

RENTAL OFFICE

606-796-0811 or 606-796-0282



income families in the Lewcommitted to serving low Housing, Inc. (PSHH) is is County, KY area. People's Self-Help and moderate



Federal Fair Housing Laws. PSHH complies with the

Fair Housing Act? What is the

prohibits discrimination in housing because of: The Fair Housing Act

Color Race Age

National Origin Religion

Sex

Disability

Familial Status Martial Status Sexual orientation Gender Identity

Ancestry

including children under the age of 18 living with custodians; pregnant Veteran Status security custody of women and people children under 18) parents or legal

No one may take any of the following origin, religion, sex familial status or actions based on race, color, national disability:

In the Sale and Rental of Housing:

*Refuse to rent or sell housing

*Refuse to negotiate for housing *Make housing unavailable

*Deny a dwelling

*Set different Terms, conditions of privileges for sale or rental of a

dwelling. *Provide different housing services or facilities

*Falsely deny that housing is available for inspection sale or rental

*For profit, persuade owners to sell or ent (blockbusting) or

*Deny anyone access to or membership multiple listing service) related to the in a facility or service (such as a sale or rental of housing.

In Mortgage Lending:

*Refuse to make a mortgage loan

*Fail to provide information

regarding loans

*Impose different terms or conditions on a loan, such as different interest rates, points, or fees

*Refuse to purchase a loan or

Set different terms or conditions for purchasing a loan.

Acknowledgement of Receipt of PSHH's Privacy Policy

I/We have received a copy of People's Self-I my/our questions have been answered to r	
Applicant Name	Date
Applicant Name	Date
Co-Applicant Name	Date
Acknowledgement of Fa	air Housing Brochure Received
have received a copy of People's Self-Help H ur questions have been answered to my/our	
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 As part of the process, PSHH may verify information contained in my request in other documents required in connection with the request.	
I authorize you to provide to PSHH for verification purposes the following app	licable 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 corand verify other credit information.	sumer credit report
I understand that under the Right to Financial Privacy Act of 1978, 12 U.S.C. authorized to access my financial records held by financial institutions in consideration or administration of assistance to me. I also, understand that involving my loan and loan application, will be available to PSHH without fur authorization, but will not be disclosed or released by PSHH to another agent used for another purpose without my consent except as required or permitted.	nnection with the financial records rther notice or ncy or department or red by law.
The information PSHH obtains is only to be used in the processing of my requ	est for assistance.
A copy of this authorization may be accepted as an original.	
Your prompt reply is appreciated.	
	Date

PSHH Is an Equal Opportunity Lender



DISCLOSURE OF POTENTIAL CONFLICT OF INTEREST

Applicant Name (please print):	<u>.</u>
The undersigned hereby certifies that he/she or any member of their househol (Check all that are applicable.)	ld is <u>not</u> :
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, inclaws, as well as any immediate family member related by blood, marriage, 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