



LOWER COLUMBIA CAP
SELF-HELP HOUSING
APPLICATION

Credit Check Fees: \$25.00 per single person \$30.00 per married couple
Please make check or money order payable to: LCCAP 1526 Commerce Ave., Longview, WA 98632

Name \_\_\_\_\_ Day Phone \_\_\_\_\_
Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Cell Phone \_\_\_\_\_
Spouse \_\_\_\_\_ Email \_\_\_\_\_
Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Message \_\_\_\_\_
Address \_\_\_\_\_
Total household size \_\_\_\_\_ Number of Adults \_\_\_\_\_ Children under 18 \_\_\_\_\_
Source of Income
Name of Employer \_\_\_\_\_ Rate of Pay \_\_\_\_\_
Hours per week \_\_\_\_\_ Weeks per year \_\_\_\_\_ Length of Employment \_\_\_\_\_
Spouse Employer \_\_\_\_\_ Rate of Pay \_\_\_\_\_
Hours per week \_\_\_\_\_ Weeks per year \_\_\_\_\_ Length of Employment \_\_\_\_\_
Public Assistance \_\_\_\_\_ Social Security \_\_\_\_\_ Child Support \_\_\_\_\_
Other \_\_\_\_\_

- Please check correct response. Yes No
a) I/we own ( ) or rent ( ) our residence.
b) Do you own a house, land, or mobile home?
c) Are you willing to work in a group to help others build their homes?
d) Do you have an adult partner to assist in construction?
e) Are you willing to work a minimum of 30 hours a week over 12/15 months to complete construction?
f) Have you declared bankruptcy within the last 3 years?
g) Do you have any outstanding bills in collection?
h) Can you provide your own construction hand tools?
i) Do you have any physical limitations\* that would affect your ability to assist in construction?
j) Can you provide documentation of Resident Alien status?
k) Preference of building area: \_\_\_\_\_

AUTHORIZATION FOR RELEASE OF INFORMATION
I/We agree that Lower Columbia CAP may verify any of the information above. The CREDIT BUREAU SERVICES is a credit reporting agency specializing in the preparation of Consumer, Commercial and Mortgage. Some credit grantors require written authorization from their customers before they will release their credit information. Please sign this authorization form as it is our desire to complete your report as quickly and accurately as possible. I understand that Credit Bureau Services will be preparing my credit report. I authorize my creditors to release to Credit Bureau Services all information necessary to complete said report.

I further understand that use of a photocopy of this form may be necessary to verify one or more of my credit references. I authorize that use and request that such a copy be honored fully.

Name \_\_\_\_\_ Date \_\_\_\_\_
Name \_\_\_\_\_ Date \_\_\_\_\_

note: All information submitted will remain confidential. \* Questions as to physical conditions and ethnic origin are in response to affirmative action compliance. Submission of this information is VOLUNTARY.