# Mutual Self Help Housing Program

# What is Self Help Housing?

Self Help Housing is a program for low-income families who want to achieve the dream of home ownership. Qualified families work together under the supervision of a Construction Manager to construct their homes.

### Who Qualifies?

Anyone who:

- Has the desire to achieve home ownership
  - Does not have an existing mortgage
- Does not exceed the annual income guidelines
- Has good credit and can qualify for a mortgage to cover the cost of building
- Is capable of fulfilling the 30 hour per week labor contribution requirement

# Income Guidelines

Annual income must be below income limit listed below

### **Uintah County**

1 to 4 people----\$73,300

5 to 8 people----\$96,800

#### **Duchesne County**

1 to 4 people----\$73,300

5 to 8 people----\$96,800

#### **Daggett County**

1 to 4 people----\$85,500

5 to 8 people----\$112,900

Building lots are currently available in Roosevelt and Vernal with construction beginning when a group is formulated and qualified by UBAOG and USDA/Rural Development



330 East 100 South Roosevelt, UT 84066 435-722-4518 www.ubaog.org

We are an equal opportunity agency. Any accommodations including aux-iliary aids and services are available upon request to individuals with dis-abilities by calling 435-722-4518 at least 3 days prior to your appoint-ment. Individuals with speech and/or hearing impairments may call the relay Utah by dialing 711, and/or Spanish relay Utah

1-888-346-3162 for assistance









Attached is a pre-application for the Self Help Housing Program. Two programs to choose from one great goal, homeownership!

Please read carefully and complete the entire application, provide all necessary information.

| To comp   | lete your pre-application you will need to provide:  |
|-----------|--|
|           | _ The completed application  |
|           | Proof of Income (1 months paystubs, state assistance, child support (if applicable) or any Other income for everyone over the age of 18 years old) |
|           | _ Credit report fee - \$75.00 for each person applying (make checks payable to UBAOG)  |
| All infor | mation must be submitted for the pre-application to be processed.  |

Once pre-eligibility is determined, it will be necessary to conduct an interview to determine your eligibility for the program. During interview be prepared to provide additional documentation and time to fill out a 502 Loan application from USDA-RD. USDA-RD requires a \$30.00 Processing fee. (Make checks payable to USDA-RD). If application is submitted to USDA-RD, up to \$500.00 may be required as a closing deposit.

For the Mutual Self Help Housing Program, after submittal to USDA-RD all qualified participants will need to wait for a group to be formed.

We offer some credit counseling and advice to help with your credit, remember homeownership is a goal that can be achieved if you are dedicated and willing to work hard towards that goal.

We are an Equal Opportunity Employer/Program:

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| ate of application                         |  |  |
|--|--|--|
| Program applying for: (Mark one)           |  |  |
| Nutual Self Help Housing                   |  |  |
| elf Help Acqusition Rehabilitation Program |  |  |
| County:                                    |  |  |

#### **Uintah Basin Association of Governments** Self-Help Housing **Pre-Application Form**



| County:  Daggett Duchesne Uintah  | COMPORTUNITY   |  |  |  |
|---|--|--|--|--|
| FOR SPEECH AND HEARING IMPAIRED CALL 711 RELAY UTAH, AND/OR  2. Applicant   | SPANISH RELAY UTAH: 1-888-346-3162 FOR ASSISTANCE.  3. Co- Applicant |  |  |  |
| Name:   | Name:  |  |  |  |
| Address:  | Address:   |  |  |  |
| Social Security #:  | Social Security #  |  |  |  |
| Date of Birth:  | Date of Birth:   |  |  |  |
| Home Phone:   | Home Phone:  |  |  |  |
| Work Phone:   | Work Phone:  |  |  |  |
| Email Address:  | Email Address:   |  |  |  |
| How Long at current address?  | How Long at current address?   |  |  |  |
|   |  |  |  |  |
| 4. Name, address and relationship of nearest relative?  |  |  |  |  |
| 5. Full names and ages of all children in the household?  |  |  |  |  |
| 6. Are there any other member of your household?Na  | mes and Relationships?   |  |  |  |
| Total number living in household?   |  |  |  |  |
| 7. Are you a citizen of U.S.? Yes No  | 8. Have you had a USDA Loan? Yes No                                  |  |  |  |
| 9. How much do you pay in rent each month?  | 10. Average utilities costs monthly?                                 |  |  |  |
| 11. Do you own a house or mobile home?Yes No  |  |  |  |  |
| 12. Statement of C  |  |  |  |  |
| For Mutal Self Help answer all question for Acqusiton Rehab only answer questions A, B,D,E,F,G,and H  A. The self-help program requires that each hosehold work 30 hours per week on home construction. Can you realistically work a minimum of 30 hours per week, per family unit? Yes No  B. How many hours per week do you plan to have the following people contribute?  Applicant Hours Co-Applicant: Relatives Friends hours. |  |  |  |  |
| C. Are you willing to work to mutually complete all the homes in your group? Yes No  (No exceptions: all must work on all homes)  D. Are you able to do common construction work such as hammering, lifting, cutting, climbing, shoveling and painting?  Yes No   |  |  |  |  |
| E. Do you have transportation to get to and from the consturction site  | ?? Yes No  |  |  |  |
| F. Are you able to provide consistent child care for your children while building your home? Yes No   |  |  |  |  |
| G. Are you willing to provide UBAOG and USDA all 502 Mortgage application info? Yes No  H. Explain how you heard about this program you are applying for?   |  |  |  |  |
| Signature of Applicant:   | Co-Applicant:  |  |  |  |

#### **Income information**

13. What is your total current gross household income for the past year?

| 15.  | What is your total current gross househol   | a income for the past yea | ai ; |                        |                              |
|--|---|---------------------------|------|------------------------|------------------------------|
|  | Applicant   |                           |      |                        | Co-Applicant                 |
| 14.  | Name of Employer:   |                           | 15.  | Name of Employer:      |                              |
|  | Date of Employment:   |                           |      |                        |                              |
|  | Type of Work:   |                           |      | Type of Work:          |                              |
|  | Rate of pay per hour:   |                           |      | Rate of pay per hour:  |                              |
|  | Avg. Hours worked per week:   |                           |      |                        |                              |
|  | Anticipated annual income for the next 12   | 2 months:                 |      | Anticipated annual inc | come for the next 12 months: |
| 16.  | Do you or anyone in household receive So  | ocial Security? Yes N     | lo   | , if yes provide docu  | mentation. Amount?           |
| 17.  | . Do you receive Child Support? Yes No Amount?  |                           |      |                        |                              |
| 18.  | 8. Did you receive earned income credit when you filed your taxes last year? Yes No Amount?                 |                           |      |                        |                              |
| 19.  | O. Any other income? Yes No If yes, please include a brief summary of the situation, date of and date Paid: |                           |      |                        |                              |
| Credit History   |   |                           |      |                        |                              |
| 20.  | Have either the applicant or co-applicant Do you have or had a collection? Yes Paid:                        | No If yes, pleas          |      |                        |                              |
| 21.  | 1. Have you ever lost a home through forfeiture or foreclosure? Yes No If yes, when?                        |                           |      |                        |                              |
| 22.  | 2. Have you been 30 days late on a payment more than twice in the past 12 months? Yes No                    |                           |      |                        |                              |
| Financial Obligations  |   |                           |      |                        |                              |
| Outline present monthly payment of debts, such as credit cards, medical, loans, or any child support payments you are obligated to make. (Do not include food, utilities or cash expenses). If you must pay for child care while you are at work, please include this amount in your monthly payments. |   |                           |      |                        |                              |
|  | Creditor  | Monthly Paym              | ents | Balan                  | ce Remaining                 |
|  |   |                           |      |                        | <u> </u>                     |
|  |   |                           |      |                        | <u> </u>                     |
|  |   |                           |      |                        | <br>                         |
|  |   |                           |      |                        |                              |

Please return completed form to:
Uintah Basin Association of Governments
SELF- HELP HOUSING
330 East 100 South
Roosevelt, UT 84066

Or email to: ahenline@ubaog.org or kendrah@ubaog.org

Phone: 435-722-4518 Fax: 435-722-4890

#### **AUTHORITY TO VERIFY CREDIT INFORMATION**

This is your authority to verify my bank accounts, employment, outstanding debts, including any present or previous mortgages, to order a consumer credit report, and to make any other inquiries pertaining to my qualification for a mortgage loan from you. You may make copies of this letter for distribution to any party with which I have a financial or credit relationship and that party may treat such copy as an original.

Privacy act Notice: This information is to be used by the agency collecting it or its assignees in determing whether you qualify as a prospective mortgagor under this program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. If application is withdrawn or denied credit report fee will not be reimbursed.

| Applicant Signature                 | Date             |  |
|-------------------------------------|------------------|--|
| Please Print Name SS# Date of Birth |                  |  |
| Co-Applicants Signature             | <br>Date         |  |
| Please Print Name SS# Date of Birth |                  |  |
| Current Address                     | Previous Address |  |
|                                     |                  |  |

By signing the "Verification", client gives UBAOG permission to share information with other lending institutions that may be beneficial in your loan process.

## **RACE AND ETHINIC DATA**

#### THE FOLLOWING IS FOR STATISTICAL PURPOSES ONLY AND IS VOLUNTARY

| Applicant declined to answer the above questions |   |         |  |  |
|--|---|---------|--|--|
| PLEASE MARK ONE ON EACH SECTION                  |   |         |  |  |
|  | American Indian or Alaska Native                        |         |  |  |
|  | Black or African American                               |         |  |  |
|  | White   |         |  |  |
|  | Asian and White   |         |  |  |
|  | American Indian or Alaska Native and Black or African A | merican |  |  |
|  | Asian   |         |  |  |
|  | Native Hawaiian or Other Pacific Islander               |         |  |  |
|  | American Indian or Alaska Native and White              |         |  |  |
|  | Black or African American and White                     |         |  |  |
|  | Other multiple race Combinations greater than one per   | cent    |  |  |
|  |   |         |  |  |
|  | Signature: Date   |         |  |  |