



RurAL CAP
Rural Alaska Community Action Program, Inc.

Please include a *\$35.00 CHECK for the Applicant, along with this application.

*If there is a Co-Applicant, a check of \$70.00 is needed. The application fee will be deducted from the \$750.00 packaging fee at closing - if your loan is approved and closes. **Credit/debit cards may not be accepted, please provide a check payable to RurAL CAP. NO CASH PLEASE**

Revised: 11/17/2023

PRE-SCREENING APPLICATION FORM

Rural Alaska Community Action Program, Inc. (NMLS #396638)

504 Loan/Grant Packaging Service

44539 Sterling Highway, Suite 206, Soldotna, AK 99669

Office: 907-260-3451

Fax: 907-260-3452



Date of Application _____

Basic Information

Applicant

Co-Applicant

Full Name: _____

Full Name _____

Social Security Number: _____

Social Security Number: _____

Date of Birth: _____

Date of Birth: _____

Mailing Address: _____

Mailing Address: _____

Physical Address: _____

Physical Address: _____

E-mail Address: _____

E-mail Address: _____

Home Phone _____ Work Phone _____

Home Phone _____ Work Phone _____

Cell Phone _____

Cell Phone _____

Best Time/Way to contact you: _____

Best Time/Way to contact you: _____

List ALL individuals who will be living in the home and their ages (please include applicant and co-applicant) ALL household members 18 or older MUST complete page 8.

Name	Date of Birth	Age	Relationship (ie spouse, son, daughter, etc.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Employment/Income Information

Applicant

Co-Applicant

Employer: _____

Employer: _____

Job Title: _____

Job Title: _____

Date of Hire: _____

Date of Hire: _____

How long have you worked in this profession? _____

How long have you worked in this profession? _____

Gross Monthly Income (before taxes): _____

Gross Monthly Income (before taxes): _____

Hourly wage _____ hours worked per week _____

Hourly wage _____ hours worked per week _____

If employed less than 2 years, please show past employment
For two full years including dates employed:

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For two full years including dates employed:

Do you receive a PFD? _____

Do you receive a PFD? _____

Do you receive other income (include SSI, SSDI, Child support
APA, Senior Benefits, Retirement income, VA, other income)?

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APA, Senior Benefits, Retirement Income, VA, other income)?

If you receive other income, please include source and
Monthly amount received:

If you receive other income, please include source and
monthly amount received:

What is your marital status?

- Married
- Separated
- Unmarried (Includes single, divorced, widowed)

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- Married
- Separated
- Unmarried (Includes single, divorced, widowed)

Do you have a previous marriage(s)? _____

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Do you pay child support? If yes, how much?

Do you pay child support? If yes, how much?

Do you receive food stamps? If yes, how much?

Do you receive food stamps? If yes, how much?

Do you pay out of pocket for child care? Who is your Provider and how much do you pay per month?

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Residence Information

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Do you own your home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the home in your name? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a mortgage on your home? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. How much do you owe on your home (mortgage balance)? _____ | | |
| 5. How much is your monthly mortgage payment? _____ | | |
| 6. Do you have homeowners insurance and if yes, how much is the yearly premium? | | |

7. How long have you lived in your home? _____
8. If you have lived at this address less than 2 years, please provide physical address, landlord information and dates you lived at the addresses **for a full 2 year history:** _____

- | | Yes | No |
|--|--------------------------|--------------------------|
| 9. Does your current residence have running water and/or sewer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does your current residence have complete kitchen facilities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. How many bedrooms does your current residence have? _____ | | |
| 12. Does your home lack running water/sewer, power, electric, or heat? | <input type="checkbox"/> | <input type="checkbox"/> |

Financial Information

- | | | |
|---|--------------------------|--------------------------|
| 13. Has applicant or co-applicant had a bankruptcy? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. If you have had a bankruptcy, please specify when it was discharged: _____ | | |
| 15. Has applicant or co-applicant had a judgment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. If you have had a judgment, please indicate when it was paid in full: _____ | | |
| 17. If the judgment is not paid in full, are you making payments? Please provide information below: | | |

- | | | |
|---|--------------------------|--------------------------|
| 18. Has applicant or co-applicant ever had a collection? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Do you have any unpaid collections? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Are you making payments on your unpaid collections? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do you have paid collections? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Please explain reason behind collections and how you propose to satisfy them: | | |

- | | | |
|---|--------------------------|--------------------------|
| 23. Do you have any rental payments made over 30 days late in the past 2 years? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

24. If yes, how many payments have been late? _____
25. Do you have monthly payments to a third party not disclosed on your credit report, i.e. car payments, rent to own, medical payments? _____
26. If yes to 25 above, please itemize who you pay, the amount you pay for each debt, and how much longer you have to pay:

27. Do you have liquid assets in excess of \$15,000 (under 65 years of age) or over \$20,000 (over 65 YOA)? yes no

Optional Information

You are not required to furnish the following information, but; are encouraged to do so. The law provides that a lender may not discriminate on the basis of this information or whether you choose to furnish it. If you choose to provide the information, it may assist us in finding additional funding that could help reduce the cost of your mortgage loan.

Ethnicity:

- Applicant: Hispanic or Latino Not Hispanic or Latino
 Co-Applicant: Hispanic or Latino Not Hispanic or Latino

Race:

- Applicant: American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Pacific Islander White
 Co-Applicant: American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Pacific Islander White

Sex:

- Applicant: Male Female
 Co-Applicant: Male Female

I do not wish to provide this information

Are you a veteran?

- Applicant: Yes No
 Co-Applicant: Yes No

If you are Alaska Native or American Indian, do you have a BIA card?

- Applicant: Yes No Co-Applicant: Yes No

If you are Alaska Native or American Indian, what is your tribal affiliation and/or native corporation information?

I acknowledge that I understand that the information contained on this form will be used for pre-screening only. Final Loan determination comes from USDA Rural Development after a full 502 mortgage loan application is submitted for review.

 Applicant's Signature

 Co-Applicant's Signature



CONSUMER AUTHORIZATION AND RELEASE

I hereby authorize CoreLogic Credco, LLC (“CREDCO”) to obtain my consumer report/credit information, credit risk scores and other enhancements to my consumer report (hereinafter collectively referred to as “Report”) from one or more of the three national credit repositories (Equifax, Experian, Transunion) and provide a copy of the Report to my housing counseling agency, Rural Alaska Community Action Program, Inc. (“Counselor”) for Counselor to provide housing counseling services. This authorization is intended to comply with a consumer report request as set forth in 15 U.S. C. 1681b(a)(2).

I acknowledge that the Report is provided “AS IS” AND THAT CREDCO MAKES NO REPRESENTATION OR WARRANTY, EXPRESS OR IMPLIED, INCLUDING, BUT NOT LIMITED TO, IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE AND IMPLIED WARRANTIES ARISING FROM A COURSE OF DEALING OR A COURSE OF PERFORMANCE WITH RESPECT TO THE ACCURACY, VALIDITY, OR COMPLETENESS OF THE REPORT OR THAT IT WILL MEET MY NEEDS AND CREDCO EXPRESSLY DISCLAIMS ALL SUCH REPRESENTATIONS AND WARRANTIES.

I recognize that the accuracy, validity or completeness of the Report provided by CREDCO is not guaranteed by CREDCO and I hereby release CREDCO and CREDCO’s parent, sister, affiliated companies, successors and assigns and its and their directors, officers, agents, employees and independent contractors (collectively, “CREDCO’s Affiliates”) from any liability for any negligence in connection with the preparation of the Report and from any loss, damages, expenses, costs or obligations of any kind and nature whatsoever suffered by me resulting directly or indirectly from the inaccuracy, invalidity or incompleteness of the Report.

I covenant not to sue or maintain any claim, cause of action, demand, cross action, counterclaim, third party action or other form of pleading against CREDCO or CREDCO’s Affiliates for damages based upon the inaccuracy, invalidity or incompleteness of any Report provided by CREDCO hereunder.

If one or more of the provisions, or a portion of a provision of this document are held for any reason to be invalid, illegal or unenforceable, such invalidity or illegality or unenforceability will not affect any other provisions of this document, and this document will be construed as if such invalid, illegal or unenforceable provision had not been contained herein.

Date: _____

 (Signature)

 Print Name

Please list the repairs you wish to make on your home (add additional pages as necessary).

Employment/Income Information

For Adult Household Members living in the home - ages 18 or older

Please submit a copy of this page for each household member, 18 or older, who is NOT the applicant or co-applicant

- All 10 questions must be answered, if not applicable, write N/A
- ALL household members 18 or older must provide information, even if they are claimed as a dependent by the applicant or co-applicant

Household Member's Name: _____

1. Are you a FULL-TIME Student? Yes No (please circle one)
2. Do you receive W-2 wages? Yes No (please circle one)
3. Employer: _____ (if you work multiple jobs, include ALL employment info)
4. Employer contact phone number: _____
5. Employer Address: _____
6. Employer email OR fax number: _____
7. Gross Monthly Income (before taxes): _____ Hourly wage _____ Hours worked per week _____
8. Do you receive a PFD? Yes No (please circle one)
9. Do you receive other income (SSI, SSDI, Child Support, APA, spousal support, self-employed income, unemployment, etc.)? Yes No (please circle one)
10. If you receive other income, please list from where and how much you receive per month:



Disclosure to Client for HUD Housing Counseling Services

Rural Alaska Community Action Program, Inc. (RurAL CAP)

Services Offered:

Our agency provides the following fee-free* HUD one-on-one housing counseling services: pre-purchase counseling and financial literacy credit counseling, foreclosure prevention, and disaster recovery. Our agency also provides the following group education workshop: home maintenance education.

*Associated fees only include the \$35 credit report. If you are unable to pay the fee or paying the fee will result financial difficulty, you may request a Hardship Waiver. Please ask us for more information about this offer.

Relationships with Industry Partners:

Our agency has financial or exclusive relationships, or both, with specific industry partners, including:

- Rural Community Assistance Corporation - is a Technical and Management Assistance provider and a grant provider for down payments and closing cost assistance
- Housing Assistance Council - provides the Self-help Home Opportunity Program (SHOP) down payment, closing cost assistance funding, and funding for lot acquisition and development for RurAL CAP's Mutual Self-Help Housing Program
- Alaska Housing Finance Corporation - provides the Operating Expense Assistance Grant and Homeownership Development Program (HDP) grant and is an assistance provider for down payments and closing costs
- Enterprise - contributed a 12-month grant for the purpose of RurAL CAP to become a Housing and Urban Development (HUD) certified housing counseling agency and contributed supplemental program overhead
- Wells Fargo Bank - provides the agency with grants to support housing counselor wages
- City of Soldotna - through CARES Act Funding, provided Mutual Self-Help Housing Program funds to bridge the gap in construction costs due to COVID-19
- HUD - provides HDP funding and SHOP funding
- USDA Rural Development - provides a 523 Technical Assistance grant for overhead to manage and operate the mutual self-help housing program and 502 direct mortgage loan funding for the Mutual Self-Help Housing Program's construction costs and certified packaging services
- Denali Commission – provides funding for program overhead for our new housing and rehabilitation programs.

No Client Obligation:

The client is not obligated to receive, purchase, or use any other services offered by RurAL CAP or its exclusive partners to receive housing counseling services.

Alternatives:

We may provide information on alternative services, programs, and products available to you, if applicable and known by our staff.

Personal Information:

Client files are kept in a secured filing system online and printed information is kept in a locked cabinet in a locked office. Please be aware that your client files may be reviewed by HUD as part of your approval but no personal information is recorded. Information is only shared with partners to secure loan funds for each client when they are eligible to purchase a home.

Potential partners include:

USDA Rural Development, Alaska Community Development Corporation (ACDC) for the Homeownership Opportunities Program down payment and closing cost assistance, Alaska Housing Finance Corporation for down payment and closing cost assistance through the HDP program, Rural Community Assistance Corporation for down payment and closing cost assistance, and audits completed to ensure compliance with Secure and Fair Enforcement for Mortgage Licensing (SAFE) Act as required by the State of Alaska and Nationwide Mortgage Licensing System (NMLS) guidelines.

I have read and received a copy of this disclosure on _____ .
Date

Print First and Last Name

Signature

This disclosure was conveyed verbally via a virtual/telephonic session. **YES or NO (circle)**