



**Rural CAP**  
Rural Alaska Community Action Program, Inc.

**Please include a fee of \$35.00 PER Applicant along with this application.** If there is a Co-Applicant, a \$70 check is needed. The application fee will be deducted from the \$1,750.00 packaging fee at closing - if your loan is approved and closes. Credit/debit cards may not be accepted, please provide check payable to RurAL CAP. **Cash will not be accepted.** Revision Date: 4/11/2025

**PRE-SCREENING APPLICATION FORM**

**Rural Alaska Community Action Program, Inc. (NMLS #396638)  
502 Direct Loan 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: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing 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*)**

**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 \_\_\_\_\_

Do you work year-round or seasonally? \_\_\_\_\_

Do you work year-round or seasonally? \_\_\_\_\_

Do you have a second job? \_\_\_\_\_

Do you have a second job? \_\_\_\_\_

Second job Wage \_\_\_\_\_ hours worked/week \_\_\_\_\_

Second job wage \_\_\_\_\_ hours worked/week \_\_\_\_\_

Is your second job seasonal or year-round \_\_\_\_\_

Is your second job seasonal or year-round \_\_\_\_\_

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

If employed less than 2 years, please show past employment  
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, other income)?

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

\_\_\_\_\_

\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your marital status?

What is your marital status?

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

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

Do you have prior marriages? \_\_\_\_\_

Do you have prior marriages? \_\_\_\_\_

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

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

Do you receive SNAP? If yes, how much?  
\_\_\_\_\_

Do you receive SNAP? If yes, how much?  
\_\_\_\_\_

Do you pay out of pocket for child care? If yes, who is your  
Provider and how much do you pay per month?  
\_\_\_\_\_  
\_\_\_\_\_

Do you pay out of pocket of child care? If yes, who is your  
Provider and how much do you pay per month?  
\_\_\_\_\_  
\_\_\_\_\_

**Current Residential Information**

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Do you rent?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you related to your landlord?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you receive Section 8 vouchers?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If you rent, how much do you pay each month? _____  |                          |                          |
| 5. Who is your landlord and their phone number? _____  |                          |                          |
| 6. What your Landlord's mailing address and e-mail address? _____<br>_____<br>_____  |                          |                          |
| 7. What date did you move into your current residence? _____   |                          |                          |
| 8. If you have lived at this address less than 2 years, please provide physical address, landlord name, landlord mailing address, landlord phone number, landlord email address, and the dates you lived at the previous addresses <b>for a full 2-year history</b> :<br>There is more writing room on Page 5 of this application.<br>_____<br>_____<br>_____<br>_____ |                          |                          |

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 9. Do you own a home?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Does your current residence have running water and/or sewer?                                | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Does your current residence have complete kitchen facilities?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. How many bedrooms does your current residence have? _____                                   |                          |                          |
| 13. If you own a home, is it a mobile home, lack running water/sewer, power, electric, or heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you own any other real estate and if yes, what is the address? _____<br>_____            |                          |                          |
| 15. Have you owned a home within the past 3 years?  | <input type="checkbox"/> | <input type="checkbox"/> |

**Financial Information**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 16. Has applicant or co-applicant had a bankruptcy?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. If you have had a bankruptcy, please specify when it was discharged and type of bankruptcy (Chap 7 or Chap 13): _____ |                          |                          |

18. Has applicant or co-applicant had a judgment?

19. If you have had a judgment, please indicate when it was paid in full: \_\_\_\_\_

20. If the judgment is not paid in full, are you making payments? Please provide information below:

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21. Has applicant or co-applicant ever had a collection?

22. Do you have any unpaid collections?

23. Are you making payments on your unpaid collections?

24. Do you have any rental payments made over 30 days late in the past 2 years?

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:

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27. Do you have liquid assets in excess of \$15,000 (under 62 years of age) or over \$20,000 (62 YOA)?

**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?

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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.

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Applicant's Signature

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Co-Applicant's Signature



**2 Year History of your Employment information - listed chronologically.** Include dates where you were not employed or going to school. Please include employer name, dates worked (hire and ending date) and your job title. Also, include payroll contact name, phone number, fax number, and email contact information:

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**FOR ALL ADULT HOUSEHOLD MEMBERS (18 OR OLDER) WHO WILL LIVE IN THE HOME,  
BUT ARE NOT ON THE LOAN, PLEASE COMPLETE THE FOLLOWING FORM FOR EACH**

**Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Are they a full time student?** \_\_\_\_\_

**Employer name:** \_\_\_\_\_

**Monthly Income:** \_\_\_\_\_

**Other income sources and monthly amount received:**

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## 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.

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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



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**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.



# Rural CAP

Rural Alaska Community Action Program, Inc.

Healthy People | Sustainable Communities | Vibrant Cultures

### 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)