



# Owner Built Homes Application Form

This form is to help determine if the Mutual Self-Help program might be right for your household.



This form can be mailed, dropped off or e-mailed to our office.

## GREAT FALLS

Applicant Name \_\_\_\_\_ DOB \_\_\_\_\_

Co-Applicant Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Email Address (only if checked regularly) \_\_\_\_\_

DATE \_\_\_\_\_

- Have you lived or worked in Cascade County for 1 year or more?  
Yes \_\_\_\_ No \_\_\_\_  
*If no, how long have you lived or worked here?* \_\_\_\_\_
- Are ALL ADULT HOUSEHOLD MEMBERS U.S citizens or permanent residents?  
Yes \_\_\_\_ No \_\_\_\_
- Have you ever filed for bankruptcy?  
Yes \_\_\_\_ No \_\_\_\_  
*If yes, date of discharge:* \_\_\_\_\_
- Including applicant(s), how many people currently live in your household and would be part of your household if accepted?  
Number of adults: \_\_\_\_ Number of children: \_\_\_\_

- List All** sources of monthly household income, including the income from all household members, regardless of age. Sources include: Employment, SSI, Disability, Child Support, Kinship Care, Retirement, Workers Compensation, Unemployment, Etc...

| Employer/Company<br>Child support/SSI/<br>Disability/Etc... | Name of<br>person working | Hours<br>per<br>week | Rate per<br>hour | Start Date/End<br>if less than 2 yrs list<br>previous employer |
|---|---------------------------|----------------------|------------------|--|
|   |                           |                      |                  |  |
|   |                           |                      |                  |  |
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|   |                           |                      |                  |  |
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|   |                           |                      |                  |  |
|   |                           |                      |                  |  |

| Name | Relationship | Age |
|------|--------------|-----|
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|      |              |     |
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|      |              |     |

- Are you currently paying for childcare?  
Yes \_\_\_\_ No \_\_\_\_  
*If yes, how much are you paying per month?* \_\_\_\_\_
- Do you have any elderly (62 +) or disabled household members?  
Yes \_\_\_\_ No \_\_\_\_  
*If yes, how many?* \_\_\_\_\_

- How much are you currently paying each month for housing? \_\_\_\_\_
- Are you a veteran? \_\_\_\_\_

Office: 509 1st Avenue So. Great Falls, MT 59401  
 Phone: (406) 761-5861  
 Email: bkukay@nwgf.org (Brenda Kukay)  
 Website: NWGF.org

10. List ALL monthly debt payments, including but not limited to: auto loans, personal loans, credit card bills, medical bills, student loans, etc.

| Household Member Name | Type of Debt | Monthly Payment Amount | Balance Owed |
|-----------------------|--------------|------------------------|--------------|
|                       |              |                        |              |
|                       |              |                        |              |
|                       |              |                        |              |
|                       |              |                        |              |
|                       |              |                        |              |
|                       |              |                        |              |
|                       |              |                        |              |
|                       |              |                        |              |

11. To your knowledge, do you have any major credit delinquencies (past due payments or bills in collections)? **YES** \_\_\_ **NO** \_\_\_  
*If yes, please explain:*

12. Are you or any member of your household a lifetime registered violent or sex offender? **YES** \_\_\_ **NO** \_\_\_  
*If yes please list which states:*



**Race:** Indian/Alaskan Asian Black Hawaiian White N/A

**Ethnicity:** Hisp/Latino Not Hisp/Latino N/A

Notice: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Consumer Financial Protection Bureau, 1700 G Street, NW, Washington, D.C. 20552.

I/We hereby authorize NeighborWorks Great Falls (NWGF) to obtain any credit history information necessary to determine my/our eligibility for the Self Help Housing Program. I/We authorize NWGF to obtain my/our credit report from any credit bureau they may choose.

I/We further understand that use of a photocopy of this form may be necessary to verify one or more of any credit references. **I/We authorize that use and request that such a copy be honored fully as my authorization to release information.**

By my signature, I affirm that the information on this form is true and correct. I understand that providing false information could cause me to be disqualified from the Mutual Self-Help program.  
**IF YOU DO NOT SIGN THIS FORM IT WILL RESULT IN IMMEDIATE DENIAL AS THE DOCUMENT WILL BE INVALID.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Co Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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