



P.O. Box 260
 587 Old Mammoth Rd. #5
 Mammoth Lakes, CA 93546
 (760) 934-4740

MAMMOTH LAKES HOUSING, INC.

CHECKLIST FOR OWNERSHIP APPLICATION

PLEASE READ

You will need to provide and/or complete the following information before submitting your application to Mammoth Lakes Housing, Inc. Only complete applications will be processed. Please make sure the following items are completed and attached:

	<u>Primary</u>	<u>Other Household</u>
	<u>Applicant</u>	<u>Members</u>
1. Copy of 1 month pay stubs, most current.	<input type="checkbox"/>	<input type="checkbox"/>
2. Copy of previous three (3) years' FEDERAL Income Tax Returns .	<input type="checkbox"/>	<input type="checkbox"/>
3. Copies of previous three (3) years' W-2's or 1099's.	<input type="checkbox"/>	<input type="checkbox"/>

The following documents are contained within this application and MUST be completed:

4. Application for ownership unit (pages 1-3)	<input type="checkbox"/>	<input type="checkbox"/>
5. Certification of Accuracy Statement (page 4)	<input type="checkbox"/>	<input type="checkbox"/>
6. Authorization for Release of Information (page 5)	<input type="checkbox"/>	<input type="checkbox"/>
7. Statement of Assets and Liabilities	<input type="checkbox"/>	<input type="checkbox"/>
8. Pre-Qualification Letter from Mortgage Lender	<input type="checkbox"/>	
9. Equal Opportunity Input Survey (Voluntary)	<input type="checkbox"/>	
10. How did you hear about Mammoth Lakes Housing Inc.? _____.		

FOR MLH USE ONLY

Date submitted to MLH: _____

Application reviewed by: _____

Date returned to applicant to complete: _____

Income Level _____ at _____% AMI Waitlist # _____ Income Waitlist # _____

MLH believes that it is absolutely vital that we protect your privacy by keeping the information we have about you secure and confidential. We have policies and procedures in place to ensure the safety of your personal and financial information. We restrict access to your personal and account information to only those persons who need to know in order to process your application. We are providing you with this notice so that you are comfortable with the way we handle the information you provide us.

Application for Ownership Unit



Section 1 Household Information (legal names of all who will occupy apartment)				
Name	Social Security Number	Date of Birth (mm/dd/yy)	Relationship (spouse, son, partner, etc)	Sex (M or F)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Section 2 Contact Information	
Current Physical Address:	
Current Mailing Address:	
Current Phone Number(s):	
E-mail address	

(At least one member of the household must have worked the previous six months in Mono County for an average of 30 (thirty) hours per week or have lived in Mono County for the previous six months. Preference, excluding the HOME program, will be given to households who have at least one member of the household who has worked the previous six months in Mono County for an average of 30 (thirty) hours per week.)

Section 3 Employment Information (for all working applicants over 18 years of age)					
Current Employer(s)	Employment Dates From/To	Employer's Phone Number	Supervisor's Name	Gross Income per month	Hours worked per month
Previous Employer(s)					



Section 4 Income Sources (for ALL household members 18 years of age and older)

W=wages B=own business M=military pay CS=child support P=pension
 SS=social security U=unemployment AI=asset income O=other source (please specify)

Source of Income (use code above)	Gross amount Per month	Gross amount Per year	Received by (Applicant's name)
Total income (add all rows vertically)	\$ per month	\$ Per year	

Please attach an additional page with income source if necessary

Do any applicants smoke? yes no

Do any applicants have pets? yes no If yes, how many and what kind? _____

Applicant hereby verifies that the above information is accurate and complete. Any misrepresentation will disqualify the applicant.

 Applicant's Name (print or type)

 Applicant's Signature

 Date

 Applicant's Name (print or type)

 Applicant's Signature

 Date

 Applicant's Name (print or type)

 Applicant's Signature

 Date



CERTIFICATE OF ACCURACY
MAMMOTH LAKES HOUSING, INC.
PO BOX 260, MAMMOTH LAKES, CA 93546

I (We) hereby verify that all information provided is accurate and true. It is understood that if the documentation that I (We) have provided is found to be inaccurate or unverifiable, I (We) may be disqualified and face additional penalties as allowed by law. I (We) shall be notified by MLH as to my/our subsequent disqualification and the reasons thereof.

All individuals to live in the rental unit, 18 years of age or older, MUST sign this Certificate of Accuracy

_____	_____	_____
Applicant's Name (print or type)	Applicant's Signature	Date
_____	_____	_____
Applicant's Name (print or type)	Applicant's Signature	Date
_____	_____	_____
Applicant's Name (print or type)	Applicant's Signature	Date
_____	_____	_____
Applicant's Name (print or type)	Applicant's Signature	Date
_____	_____	_____
Applicant's Name (print or type)	Applicant's Signature	Date





AUTHORIZATION FOR RELEASE OF INFORMATION

Mammoth Lakes Housing, Inc.
PO Box 260, Mammoth Lakes, CA 93546
760-934-4740 Fax: 760-934-4724
www.mammothlakeshousing.com

CONSENT:

I/We hereby authorize and direct any Federal, State or Local agency, organization, business or individual to release to Mammoth Lakes Housing, Inc. (MLH) any information or materials needed to complete and verify my/our application for housing.

I/We understand that depending on program policies and requirements, previous or current information regarding me/us or my/our household may be needed. Verification and inquires that may be requested include, but are not limited to employment, income, social security numbers, credit inquires, financial institutions, current and prior housing.

I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation in any MLH program.

I/We understand I/We have the right to review my/our file and correct any information that I/We can prove is incorrect.

Failure to Sign Consent: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits or both. Denial of eligibility or termination of benefits is subject to the housing authority's grievance procedures and informal procedures.

ALL APPLICANTS OVER 18 YEARS OF AGE MUST SIGN THIS FORM

_____	_____	_____
Print Name	Signature	Social Security Number
_____	_____	_____
Print Name	Signature	Social Security Number
_____	_____	_____
Print Name	Signature	Social Security Number
_____	_____	_____
Print Name	Signature	Social Security Number



STATEMENT OF ASSETS AND LIABILITIES
PERSONAL FINANCIAL STATEMENT

Complete this form for: (1) Primary Applicant, and (2) attach additional Financial Statements for other income earners who will live in the rental unit.

Name: _____ Date Completed: _____

ASSETS		LIABILITIES			
Cash on hand & in Banks	\$	Accounts Payable	\$		
Savings Accounts	\$	Notes Payable to Banks and Others (Describe in Section 2)	\$		
IRA or Other Retirement Account	\$	Installment Account (Auto) Monthly Payments \$ _____	\$		
Accounts & Notes Receivable	\$	Installment Account (Other) Monthly Payments \$ _____	\$		
Life Insurance-Cash Surrender Value Only (Complete Section 8)	\$	Loan on Life Insurance	\$		
Stocks & Bonds (Describe in Section 3)	\$	Mortgages on Real Estate (Describe in Section 4)	\$		
Real Estate (Describe in Section 4)	\$	Unpaid Taxes (Describe in Section 6)	\$		
Automobile-Present Value	\$	Other Liabilities (Describe in Section 7)	\$		
Other Personal Property (Describe in Section 5)	\$	Total Liabilities	\$		
Other Assets (Describe in Section 5)	\$	Net Worth	\$		
TOTAL		TOTAL			
\$		\$			
Section 1 Source of Income		Contingent Liabilities			
Salary	\$	As Endorser or co-Maker	\$		
Net investment Income	\$	Legal Claims & Judgments	\$		
Real Estate Income	\$	Provision for Federal Income Tax	\$		
Other Income (Describe below)*	\$	Other Special Debt	\$		
Description of Other income in Section 1					
*Alimony or child support payments need NOT be disclosed in "Other Income"					
Section 2 Notes Payable to Banks and Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed)					
Name & Address of Note holder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How secured or Endorsed Type of Collateral



Section 3 Stocks & Bonds (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed)					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4 Real Estate Owned (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed)			
	Property A	Property B	Property C
Type of Property			
Address			
Date of Purchase			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5 Other Personal Property and Other Assets (Describe, and if any is pledged as security, give name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6 Unpaid Taxes (Describe in detail, as to type, to whom payable, when due, and to what property, if any, a tax lien attaches)

Section 7 Other Liabilities (Describe in detail)

Section 8 Life Insurance Held (Give face amount and cash surrender value of policies-name of insurance company and beneficiaries)

I authorize MLH, Inc. to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above information and statements contained in the attachments are true and accurate as of the stated date(s). I understand FALSE statements may result in forfeiture of benefits and possible prosecution as allowed by law.

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____



PRE-QUALIFICATION FOR MORTGAGE

I, _____

(Print full name)

On this date, _____

(day, month, year)

Do hereby declare that:

- I am approved for a mortgage of: \$ _____
- I have a down payment of: \$ _____
- The name of my Financial Institution is: _____
- Financial Institution Address: _____

- Financial Institution Phone Number _____
- Signature of Financial Institution Representative _____
- Printed Name of Financial Representative _____
- I acknowledge that this mortgage pre-approval is only valid based upon my current employment and income status.

Signature of Applicant: _____ Date: _____

A standard pre-approved Mortgage Statement from your lending institution may be substituted for this form.



