



## Mutual Self-Help New Construction Program

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(479)968-5001

UHDC's **Mutual Self-Help Housing Program** is a new construction program where you can help build your own home. Participants are required to put in "sweat-equity" during the construction process and will be guided by a Construction Supervisor.

**Counties Served:** Conway, Johnson, Logan, Pope, Yell

**The following qualifications are guidelines to participate in this program.**

**Credit:** credit score of 640 with no significant delinquencies

**Income:** 2 year job history OR steady income for 2 years minimum in the same industry

**Income Guidelines:** Participants must meet income guidelines according to the county that you would want to build in, depending on your household size. Income is counted by household gross annual income.

**Note:** Participants cannot currently be an existing homeowner.

**How to begin:**

1. Complete the information packet and turn it in **WITH YOUR PROOF OF HOUSEHOLD INCOME. (Bank statements are NOT acceptable at this stage.)**
2. Our credit counselor will contact you to schedule an appointment to check your credit **(THERE WILL BE A CREDIT CHECK FEE DUE AT THE TIME OF YOUR APPOINTMENT.)**
3. At the time of the appointment the credit counselor, along with the Self-Help Program Assistant, will determine if you may or may not be eligible for the program.
4. If they see you may be a good candidate, the Self-Help Program Assistant will assist you in completing a USDA Rural Development loan application. The loans are financed by USDA Rural Development, so the qualifications listed above are guidelines.

**\*UHDC offers the Home-Buyer Education Class that is required by Rural Development in order to close the loan.\***



**Multi-County Self-Help Housing Program**  
**CLIENT INFORMATION SHEET**

_____ DATE		_____ CONTACT PHONE NUMBER
_____ APPLICANT	_____ DATE OF BIRTH	_____ SOCIAL SECURITY NUMBER
_____ CO/APPLICANT	_____ DATE OF BIRTH	_____ SOCIAL SECURITY NUMBER
_____ CURRENT MAILING ADDRESS		_____ HOW LONG HAVE YOU LIVED HERE?
_____ PRESENT LANDLORD'S NAME	_____ PHONE NUMBER	_____ MAILING ADDRESS

<u>OTHER HOUSEHOLD MEMBERS</u>	<u>DOB</u>	<u>RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>BANK REFERENCES</u> (ACCOUNT #'S)	<u>NAME OF BANK</u>	<u>LOCATION</u>	<u>CHECKING</u>	<u>SAVINGS</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<u>NAME OF COMPANY TO WHOM DEBT IS OWED</u>	<u>MINIMUM MONTHLY PAYMENT AMOUNT</u>
_____	_____
_____	_____
_____	_____

Note: debts include mandated child support, revolving credit accounts, accounts on which you are a co-signer, etc.



APPLICANT'S PLACE OF EMPLOYMENT \_\_\_\_\_ HIRE DATE \_\_\_\_\_

HOW LONG? \_\_\_\_\_ ANNUAL GROSS INCOME \$ \_\_\_\_\_

IF LESS THAN 2 YEARS, PREVIOUS EMPLOYER \_\_\_\_\_ HOW LONG? \_\_\_\_\_

CO-APPLICANT'S PLACE OF EMPLOYMENT \_\_\_\_\_ HIRE DATE \_\_\_\_\_

HOW LONG? \_\_\_\_\_ ANNUAL GROSS INCOME \$ \_\_\_\_\_

IF LESS THAN 2 YEARS, PREVIOUS EMPLOYER \_\_\_\_\_ HOW LONG? \_\_\_\_\_

ANY OTHER SOURCES OF INCOME \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

Note: Income includes check stubs, child support, Social Security, Disability, etc.

**PROOF OF ALL HOUSEHOLD INCOME MUST BE TURNED IN WITH THE INFORMATION SHEET.**

PREFERRED COUNTY OF RESIDENCE: ☐ CONWAY ☐ JOHNSON ☐ LOGAN ☐ POPE ☐ YELL

LIST ALL LANDLORDS FOR THE PAST 3 YEARS

1. NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

3. NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

LIST ALL ADDRESSES FOR THE PAST 3 YEARS

	<u>ADDRESS</u>	<u>HOW LONG?</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

**OFFICE USE ONLY:** DATE RECEIVED: \_\_\_\_\_





## Housing Counseling Client Intake Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Gender: ☐ Male ☐ Female ☐ Other/Non-Conforming

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Email: \_\_\_\_\_

May UHDC contact you by: ☐ mail ☐ phone ☐ text ☐ email

Date of Birth: \_\_\_\_\_ Foreign Born: ☐ Yes ☐ No

English Proficient: ☐ Yes ☐ No: If no, what language are you proficient in? \_\_\_\_\_

Race: \_\_\_\_\_ *If Hispanic, circle the applicable origin below.*  
Cuban – Mexican/Chicano – Latino – Puerto Rican – Other

**Marital Status:**

☐ Single (never married) ☐ Married ☐ Divorced ☐ Widowed

**Household Type:**

☐ Single Adult ☐ Female Single Parent ☐ Male Single Parent

☐ Two or More Unrelated Adults:

Other Adult(s) Name(s) \_\_\_\_\_

☐ Other (Specify) \_\_\_\_\_

Number of Minors in Household \_\_\_\_\_ Total Household Size (Including Applicant) \_\_\_\_\_

**Housing Arrangement:**

☐ Renter

☐ Does not pay rent

☐ Homeless

☐ Homeowner with mortgage

☐ Homeowner with no mortgage

☐ Other (Specify) \_\_\_\_\_

Do you or your household receive Housing Choice Voucher? ☐ Yes ☐ No

Have you owned a residence before? ☐ Yes ☐ No

Are you a first-generation homebuyer? ☐ Yes ☐ No ☐ Unknown

(Continue to page 2)

Disabled: ☐ Yes ☐ No

Disabled Dependent: ☐ Yes ☐ No

Military Veteran: ☐ Yes ☐ No

Active Military: ☐ Yes ☐ No

Education Level: ☐ College

☐ Graduate School

☐ High School/GED

☐ Junior College

☐ Junior Highschool

☐ Primary

☐ Vocational

☐ None

☐ Other

Household Monthly Income: \$ \_\_\_\_\_

(and/or)

Household Annual Income: \$ \_\_\_\_\_

How may we help? (May select multiple)

☐ Housing/Financial Education

☐ Home Purchase

☐ Mortgage Default/Delinquency

☐ Rental Counseling/Assistance

☐ Seeking Shelter/Homeless Services

☐ Homeowner Services (i.e., maintenance/repair)

☐ Disaster Preparedness/Recovery

☐ Other (specify): \_\_\_\_\_

How did you hear about us?

☐ Agency

☐ Lender

☐ Mailer

☐ Walk-in

☐ Word-of-Mouth

☐ Other (specify): \_\_\_\_\_

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Date Received \_\_\_\_\_ UHDC Counselor \_\_\_\_\_

Entered in Database | Date \_\_\_\_\_ Initials \_\_\_\_\_

**Action Taken:**

\_\_\_\_ Referred to \_\_\_\_\_ (Program or Agency)

\_\_\_\_ Scheduled Counseling

\_\_\_\_ Scheduled for Workshop (Pre-purchase/Mortgage Ready/Post Purchase/FFP)

**Universal Housing Development Corporation**  
**PO Box 846, Russellville, AR 72811 – 479-968-5001**  
**301 East 3<sup>rd</sup> Street, Russellville, AR**

**Privacy Policy**

Universal Housing Development Corporation (UHDC) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization. We may also use anonymous accumulated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

**Types of information that we gather about you**

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, the Department of Housing & Urban Development (HUD), USDA Rural Development, lenders/creditors, etc.; and
- Information we receive from a credit reporting agency, such as your credit history.

**You may opt-out of certain disclosures**

1. You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures. \*Opt-out option does not apply to the Department of Housing & Urban Development (HUD) and their reviews of files.
2. If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out”, you may call us at 479-968-5001 and do so. It will be noted in your files.
3. Please indicate at the bottom of this form if you choose to “opt-out” of disclosures of your nonpublic personal information to third parties.

**Release of your information to third parties**

So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, or would aid us in counseling you.

We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process) or as a requirement of grant awards which make our services possible.

Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal and state regulations to guard your nonpublic personal information.

**I have received a copy of and read the Privacy Policy of UHDC. I understand that by signing my name, I state that I have reviewed the policy in its entirety and understand the terms set forth in this policy.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

☐ **Please check this box if you wish to “opt out” of disclosures of your nonpublic personal information to third parties other than for reporting and monitoring of grants and funding.**



UHDC PROGRAMS		
Existing Rental Housing	Self-Help Housing	
Housing Counseling		
Home Rehabilitation	Land Development	Home Construction
Elderly Apartments	Low-Income Apartments	

**Counseling Areas:** Pre-Purchase Home Buyer, Non-Delinquency Post-Purchase, Mortgage Delinquency/Default, Rental, Homeless/Displacement

**Group Education Courses:** Pre-Purchase Homebuyer Class, Post-Purchase Class for Homeowners, Financial Education Courses, Rental Classes

All Counseling and Education Courses include Fair Housing and Credit/Budget Coaching

**Products other than UHDC's will be discussed as options during counseling and group education, but this does not imply that they will be the best choice for any individual.**

## **DISCLOSURE**

BY MY SIGNATURE BELOW I am stating that I understand that I am not obligated to receive, purchase, or utilize any other services offered by the organization, or its exclusive partners, in order to receive housing counseling services.

Name (Printed): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Monthly Household Budget Worksheet	
Income	
Source	Amount Per Month
Salary 1	
Salary 2	
Bonus	
Dividends	
Gifts Received	
Interest	
Investing Income	
Reimbursements	
Side Jobs	
Retirement	
Social Security/SSI	
Child Support	
Total:	
Expenses	
Source	Amount Per Month
Rent/Mortgage/Insurance	
Auto Loans/Insurance	
Auto-Fuel/Service	
Groceries	
Clothing	
Childcare	
Electricity/Gas	
Telephone/Cell Phone	
Water	
Sewage/Garbage	
Cable/Dish/Streaming	
Dining Out	
Entertainment	
Gifts Given	
Beauty/Hair	
Medicine	
Household Repairs	
Medical/Dental bills/expenses	
Savings	
Loans	
Credit Cards	
Subscriptions/Memberships	
Taxes	
Travel	
Spending Cash	
Contributions/Other	
Total:	
Now that you've got all that:	
Total Income Minus Total Expenses	
Equals Money Left at the End of the Month	
Total Income=	
Total Expenses=	
Money Left at the End of the Month	



# UNIVERSAL HOUSING DEVELOPMENT CORPORATION

Existing Rental Housing   Self-Help Housing   Counseling  
Weatherization   Elderly Apartment Complex   Land Development  
Elderly Apartments   Non Elderly Apartments

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Phone/TDD 479-968-5001   FAX 479-968-5002   P.O. Box 846   301 East Third Street   Russellville, Arkansas 72811

## CREDIT RELEASE FORM

BY MY SIGNATURE BELOW I/WE AUTHORIZE UNIVERSAL HOUSING DEVELOPMENT CORPORATION to obtain a credit report for me/us. This authorization is valid for purposes of verifying information and counseling, or any other lawful purpose covered under the Fair Credit Reporting Act. (FCRA)

**\*DISCLAIMER\*** - Credit reports will only be ran for clients seeking credit counseling or for lending product considerations.

Applicants Name: \_\_\_\_\_ Co-Applicant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Co-Applicants SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Co-Applicants Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Current Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_